



HUDSON VALLEY PET FOOD PANTRY, INC. PET FOOD ASSISTANCE APPLICATION

Applications must be mailed to Hudson Valley Pet Food Pantry, P.O. Box 1296, White Plains, NY 10602. Please **be sure to include copies of a valid photo identification, documentation of economic status, disability, or possession of a service animal and a copy of your most recent federal income tax return.** Please blacken out your social security number on any copies. Upon receipt of application and required documentation, you will be called for a telephone interview. Upon acceptance as a client, a schedule will be established for you to receive your pet food. Please call 914-907-3487 if you have any questions.

BASIC REQUIREMENTS TO RECEIVE FOOD:

- Proof of low income status such as SSI, unemployment or disability income.
- Agree that pets are for companionship or service and not for breeding or any illegal activities.
- Agree not to sell or re-distribute pet food obtained from the HVFPF.
- Agree to treat pet(s) in a humane manner.
- Agree that pets live in the home and are not strays.
- Agree that pets have been spayed or neutered.

By signing, I agree to all of the above requirements.

The Hudson Valley Pet Food Pantry is not responsible for any adverse reaction to food obtained from the HVFPF or illness of your pet. The HVFPF reserves the right to discontinue service at any time.

I have read and accepted the Hudson Valley Pet Food Pantry's terms of service.

Applicant's Signature _____

Print Name _____ Number in Household _____

Address, City, State, Zip _____

Phone #(s) _____ E-mail Address _____

Date _____

Classifications (check one): Unemployed Senior Citizen Disabled Veteran w/service animal
 Low-Income Level

Reviewed & Accepted By Hudson Valley Pet Food Pantry, Inc.

Signature

Date

PET INFORMATION

Client Name _____

I have #___ dogs #___ cats #___ birds #___ rabbits #___ other (specify) _____

Pets name(s) and age(s) are: _____
(please specify breed)

Veterinarian's Name: _____ Phone No.: _____

Below are the foods we provide (Please choose type you request including flavor, etc. or advise us if a special food is needed for health reasons.):

CAT FOOD

DOG FOOD

Friskies Wet _____
Friskies Dry _____
Nine Lives Wet _____
Nine Lives Dry _____
Fancy Feast Wet _____
Meow Mix Dry _____

Pedigree Wet _____
Pedigree Dry _____
Purina One Wet _____
Purina Dog Chow Dry _____
Mighty Dog Wet _____
Alpo Wet _____

By signing this application, I am stating that the above information is correct and complete and I agree to the application terms. I understand this program relies on donated food from the community. While pet food is distributed in unopened package from unexpired lots, I understand that the food I am receiving is donated and may have been opened or damaged in shipping and will check for such damage before feeding my pet(s). I further agree to feed my pet(s) in accordance with the food manufacturer guidance and instructions and within the manufacturer's suggestion as to timing and amounts. I will not hold HVPFP, its volunteers or employees, responsible for any health issues, injuries, allergies or similar problems that may result from pet food or items provided by HVPFP. From time to time, the HVPFP may use information or pictures pertaining to you in media releases, its website, its annual report and other written communications. By signing this agreement you (i) grant permission and consent to the HVPFP to so use any such pictures and/or information and (ii) represent that you are authorized to sign this consent.

Signature _____ Print Name _____