



Application for Pet Food Assistance

The Oklahoma City Pet Food Bank is designed to assist pet owners who are experiencing short term or emergency circumstances which prevent them from purchasing the pet food they need. The number of family pets abandoned or surrendered to the shelter increases due to the fact that families can no longer afford food. Our program helps to keep these beloved pets with their owners.

Please read the following terms of agreement:

- You must reside within Oklahoma City limits to receive temporary food assistance.
- You must maintain a safe & healthy living environment for all pets and follow all basic laws required by Oklahoma City.
- Only individual pet owners may request food. No adoption groups or feral cat feeders.
- Your pet(s) must not be used for illegal purposes, breeding, or selling.
- We are only a temporary form of assistance and all of our food is received through donations. You cannot rely on us solely to feed your pets for you nor can we guarantee that food is available.
- Pet food is provided for a maximum of four (4) dogs and four (4) cats. Special circumstances may apply.
- You can pick up pet food no more than once a month. We distribute based on what donations we have available. You may get more or less food each visit depending on the availability of donations.
- **Pet food can be requested one (1) time per year if your pets are not spayed or neutered.** Once documentation has been provided that your pets have been spayed or neutered you can request food for a total of six (6) times per year.
- You cannot add or receive food for any animals after your initial request for food.
- You will not be able to adopt from the Oklahoma City Animal Shelter for a period of three (3) months after your last request from the Pet Food Bank.
- Participation in the program may be denied at the discretion of the Oklahoma City Animal Shelter.

By signing, I agree to the above terms.

Signature _____ Date _____



Confidential Client Information (ALL FIELDS ARE REQUIRED)

Request Date: _____ Name: _____ D.O.B.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number(s): _____ Email Address: _____

Reason for Assistance: _____

Confidential Pet Information

<u>Name</u>	<u>Breed</u>	<u>Age</u>	<u>Weight</u>	<u>Sex</u>	<u>Spay/Neuter</u>	
1. _____	_____	_____	_____	_____	YES	NO
2. _____	_____	_____	_____	_____	YES	NO
3. _____	_____	_____	_____	_____	YES	NO
4. _____	_____	_____	_____	_____	YES	NO
5. _____	_____	_____	_____	_____	YES	NO
6. _____	_____	_____	_____	_____	YES	NO
7. _____	_____	_____	_____	_____	YES	NO
8. _____	_____	_____	_____	_____	YES	NO

Other/Comments: _____

~~~~~ OFFICE USE ONLY ~~~~~

~~~~~ DO NOT FILL OUT BELOW THIS LINE ~~~~~

Person Code: _____ AW Representative: _____

- | | |
|---|---|
| <input type="checkbox"/> Dry Cat Food: _____ Lbs. | <input type="checkbox"/> Dry Dog Food: _____ Lbs. |
| <input type="checkbox"/> Can Cat Food: _____ Oz. | <input type="checkbox"/> Can Dog Food: _____ Oz. |
| <input type="checkbox"/> Cat Treats/Litter _____ Lbs./Oz. | <input type="checkbox"/> Dog Treats: _____ Lbs./Oz. |
| <input type="checkbox"/> Spay/Neuter Info: _____ | <input type="checkbox"/> Other: _____ |