



Humane Society of Vero Beach & Indian River County Pet Food Bank Assistance Program

The Humane Society of Vero Beach & Indian River County is a private, non-profit organization dedicated to improving the welfare of companion animals. The HSVB & IRC "Pet Food Bank Assistance Program" was established to help pets and their families stay together during this current economic crisis. This program offers assistance to those families struggling to feed their pets by providing a months supply of pet food for a period of three months.

The Humane Society of Vero Beach & Indian River County requires that individuals provide the requested information on this form regarding income and family size so that we can provide pet food assistance in a fair and consistent manner. All information will be kept confidential.

To process your application, we need ONE of the following:

- A copy of last year's tax return.*
- A copy of last two pay stubs (or) copy of social security or disability checks.
- Documentation of any public assistance such as food stamps, rent subsidy, disability, etc.
- Current student ID if applicable.

*(If you do not have a copy of your tax return you can obtain one by calling the Internal Revenue Service. If you did not file taxes last year, or if you don't have any of the documents required, please write a letter explaining your personal situation.)

Assistance will be rewarded on a first come, first serve basis, subject to available resources.

Applicant's Name: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
Street City State Zip

Place of Employment: _____ Work Phone: _____

2nd Adult in Household: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Dependants Living in Household

Name	Age
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Gross Annual Household Income

Head of Household

2nd Adult in Household

	Head of Household	2nd Adult in Household
Employment		
Child Support		
Government Assistance		
Food Stamps		
Student Loan		
Other		
Total		

Describe any unusual expenses you must meet: _____

Reason/Circumstance for applying for financial assistance: _____

How many pets do you have in your home? _____ How many pets are you requesting assistance for? _____

How did you obtain your pet? Friend Pet Store Ad in paper Stray Gift Breeder Other Shelter/Rescue

How long have you had your pet? _____ Days Weeks Months Years

Please complete your pet's information on the back of this form.

Pet's Name _____ Cat Dog
 Male Female Age: _____ Spayed/Neutered Yes No
Has your pet ever been to a veterinarian? Yes No
If yes, who? _____

Estimated Weight: Please circle:
0-25 lbs 57-70 lbs
26-40 lbs 71-85 lbs
41-56 lbs 85+ lbs

Pet's Name _____ Cat Dog
 Male Female Age: _____ Spayed/Neutered Yes No
Has your pet ever been to a veterinarian? Yes No
If yes, who? _____

Estimated Weight: Please circle:
0-25 lbs 57-70 lbs
26-40 lbs 71-85 lbs
41-56 lbs 85+ lbs

Pet's Name _____ Cat Dog
 Male Female Age: _____ Spayed/Neutered Yes No
Has your pet ever been to a veterinarian? Yes No
If yes, who? _____

Estimated Weight: Please circle:
0-25 lbs 57-70 lbs
26-40 lbs 71-85 lbs
41-56 lbs 85+ lbs

Pet's Name _____ Cat Dog
 Male Female Age: _____ Spayed/Neutered Yes No
Has your pet ever been to a veterinarian? Yes No
If yes, who? _____

Estimated Weight: Please circle:
0-25 lbs 57-70 lbs
26-40 lbs 71-85 lbs
41-56 lbs 85+ lbs

Pet's Name _____ Cat Dog
 Male Female Age: _____ Spayed/Neutered Yes No
Has your pet ever been to a veterinarian? Yes No
If yes, who? _____

Estimated Weight: Please circle:
0-25 lbs 57-70 lbs
26-40 lbs 71-85 lbs
41-56 lbs 85+ lbs

Pet's Name _____ Cat Dog
 Male Female Age: _____ Spayed/Neutered Yes No
Has your pet ever been to a veterinarian? Yes No
If yes, who? _____

Estimated Weight: Please circle:
0-25 lbs 57-70 lbs
26-40 lbs 71-85 lbs
41-56 lbs 85+ lbs

I certify that the information I have provided on this form is true and complete to the best of my knowledge. I understand that false or incomplete information could jeopardize my financial assistance.

Signature _____

Date _____

For Office Use Only

Application received on _____ by _____

Awarded/Declined on _____ by _____

Proof of sterilization received on _____ by _____

Food Received on: _____
Date

Food Received on: _____
Date

Food Received on: _____
Date

Notes: _____
