



All information is required. Please PRINT legibly. Incomplete forms will not be accepted.

First Name _____

Last Name _____

(Physical Address) Street _____

City _____ State _____ Zip Code _____

(Mailing Address) Street _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Driver's License or State ID State _____ Number _____

Please answer the following questions:

Is this your first time at HOPE? Yes No

How many animals do you have? ___ Dog(s) ___ Cat(s)

Has this information changed since your last visit? Yes No

If so, please describe _____

Are **all** of your animals spayed/neutered? Yes No

Signature & Release of Liability

I understand that the pet food and/or supplies received through HOPE Food Bank via Humane Society of Central Oregon (HSCO), have been donated by manufacturers and/or individuals and are not for intended for sale to the public. Therefore, I agree to use these products for my personal pet(s) only and will not re-sell this product to any person(s) or business. I understand that HSCO/HOPE Food Bank and its affiliates cannot guarantee the brand/type of food given to me. If my pet(s) develops a medical condition/side effects in whole or in part by the food provided, I agree to release HSCO/HOPE Food Bank and all its affiliates from any and all liability. I also understand that this program only should be considered as a supplemental source for my pet and I cannot depend on this program to fulfill the necessary dietary needs of my pet(s). I understand the funds for this program are limited and in the event my financial situation improves and I am no longer in need of this program; I agree to withdrawal from the program so that the people most in need can be served. By signing this application, you agree to the above contract, and confirm that all information provided is the truth to the best of your knowledge.

Print Name _____

Signature _____

Date _____

For Office Use Only	
<input type="checkbox"/>	Memo
<input type="checkbox"/>	Scan
<input type="checkbox"/>	Alert
<input type="checkbox"/>	Staff Initials _____