



NEWNAN-COWETA HUMANE SOCIETY
Post Office Box 785
Newnan, Georgia 30264
(770) 253-4694 Main Telephone
(678) 590-1430 Pet Food Pantry Voicemail
(770) 683-3442 Fax

TERMS OF AGREEMENT TO RECEIVE DONATIONS

- Maintain a safe & healthy living environment for all pets
- You agree your pets are not being used for illegal purposes, breeding, flipping or selling
- You can pick pet food up once a month on our scheduled date – we donate for up to 3 pets per household & food quantity cannot be guaranteed from month to month.
- **All pets must be spayed/neutered and up to date on Rabies. If not fixed or current on Rabies, we can provide assistance.**
- We gladly accept help with this or any of our other programs. Ask us how you can give back by volunteering.
- You are not to take in more pets while enrolled in our program.
- You must accept ANY brand pet food. Food is new and/or re-bagged.
- Must let us know if you no longer can keep your pets
- Agree to hold “Newnan Coweta Humane Society Pet Food Pantry and their suppliers” free from liability in the event of any sickness may occur. Food for the program is donated from various sources, therefore we cannot guarantee the quality, freshness or safe consumption of the food, nor can we guarantee that food will be available in any capacity; it is distributed on a first come, first served basis.
- Food is limited and our goal is to keep pets with their families and out of shelters, therefore, this program is NOT for individual rescuers, animal shelters or rescue groups.
- Food is distributed per household. Individual family members may not apply separately in an effort to obtain more food for the household pets. We may be able to help you if you have more pets than you can handle in your home.
- You may bring clean aluminum cans for recycling to help us offset the cost of this program.
- We ask for a \$1 donation per pet or free-roaming cat per month to help with costs. This donation is NOT required to participate in the program.
- Newnan-Coweta Humane Society reserves the right to change the terms of this program without prior notice to participants.

I _____ understand that Newnan-Coweta Humane Society, its programs and its affiliates cannot guarantee the brand, type, quality, freshness or safety of the food given to me. If my pet(s) develops a medical condition in whole or in part by the food provided, I agree to release Newnan-Coweta Humane Society, this program, and its affiliates from any and all liability. I also understand that it is my responsibility to pick-up the food from the NCHS Pet Food Bank, and I understand that this program only supplements my pet food/litter supply and I cannot depend on this program to fulfill the dietary needs of my pet(s). I understand that funds for this program are limited and in the event my current financial situation improves and I am no longer in need of this program, I agree to withdraw from the program so that the people most in need can be served. I agree to the terms of the program as stated.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	
Alternate Person authorized to pick up food for my pets	

How many pets are in your household? List names, weight, age, sex and if spayed or neutered

1.
2.
3.
4.
5.
6.

How did you hear about the NCHS Food Pantry?

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What are you currently feeding your pets? We donate open and unopened bags of food. You must be willing to accept any brand food donated.

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Why are you requesting pet food assistance? BE DETAILED.

Unemployment & how long. Disability – what kind? ETC.

Agreement and Signature

By submitting this application, you swear that the answers stated are true and complete. I understand that if I am accepted into the program, I will follow the NCHS guidelines.

Signature	
Date	

Holly Lewis, Food Bank Coordinator

Date