



## Highland County Pet Food Pantry

A project of the Highland County Humane Society

Located at Samaritan Outreach Services  
537 N. East St, Hillsboro • 937-393-2220



### **Pet Food Pantry – Terms & Conditions**

Please return this completed application to Samaritan Outreach  
537 North East Street, Hillsboro, Ohio 45133

All Highland County Pet Food Pantry clients acknowledge, understand and consent to the following terms of this program by initializing each blank:

- I, \_\_\_\_, understand that only residents of Highland County are eligible for this program and must provide proof of residency. Food is distributed per household. If individual family members attempt to get food for the same pets at the same address, they will be removed from the program.
- I, \_\_\_\_, understand if my pet(s) is already spayed/neutered, I must provide proof on or prior to my second visit to the Highland County Pet Food Pantry in order to receive food.
- I, \_\_\_\_, understand if my pet is not spayed/neutered, I may request information from the Samaritan Outreach front desk staff regarding area low cost spay/neuter services. I understand I must bring proof that my pet has been spayed/neutered before I can receive food for a second month.
- I, \_\_\_\_, understand the amount of food supplied will be at the Highland County Pet Food Pantry's discretion. This program is meant to supplement my food supply and may not fulfill all the dietary needs of my pet(s).
- I, \_\_\_\_, understand food for the program is donated from various sources, therefore the Highland County Pet Food Pantry cannot guarantee the quality, freshness or safe consumption of the food, nor can it be guaranteed that food will be available in any capacity; it is distributed on a first come, first serve basis.
- I, \_\_\_\_, understand food is limited and the pet food pantry's 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 and I will not partake in rescue efforts while receiving food assistance.
- I, \_\_\_\_, agree not to allow the animals in my household to breed while participating in this program. If I do, I understand that I will be removed from the program. If I do add a pet to my household I will notify the Pet Food Pantry Staff of the addition and agree to get the animal spayed or neutered. If I fail to do so I understand I will be removed from the program.
- I, \_\_\_\_, understand failure to abide by the Highland County Pet Food Pantry terms can result in my participation being revoked.
- I, \_\_\_\_, understand the Highland County Pet Food Pantry reserves the right to remove or deny pet parents from this program at their discretion.



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To qualify for assistance from the Highland County Food Pantry, you must currently be, or qualify to be, a client of Samaritan Outreach Services. Clients must reside in Highland County, must provide identification for each household member, and must fall under the income guidelines below.

### 2015/16 Income Guidelines – 200% Federal Poverty

Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$22,979	\$1,914	\$441
2	\$31,019	\$2,584	\$596
3	\$39,059	\$3,254	\$751
4	\$47,099	\$3,924	\$905
5	\$55,139	\$4,594	\$1,060
6	\$63,179	\$5,264	\$1,214
7	\$71,219	\$5,934	\$1,369
8	\$79,259	\$6,604	\$1,524
9	\$87,299	\$7,274	\$1,678
For each additional person add	\$8,040	\$670	\$155

I certify that my current gross household income is at or below the income listed on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by this agency. Program officials may verify what I have certified to be true.

I (PRINT NAME) \_\_\_\_\_ understand that the Highland County Pet Food Pantry, its programs and its affiliates cannot and will not guarantee the brand, type, quality, brand, 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 the Highland County Pet Food Pantry, 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 Highland County Pet Food Pantry, and I understand that this program only supplements my pet food supply and I cannot depend on this program to fulfill the dietary needs of my pet(s). I understand that the food may have expiration dates within the six previous months. 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.

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Signature Date



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## Pet Food Pantry – Application

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537 North East Street, Hillsboro, Ohio 45133

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Household Pickup Person: \_\_\_\_\_

Please consider explaining why you are currently reaching out to the Highland County Pet Food Pantry. If you choose to share, your story may be used as a testimonial on a website, newsletter or on social media as an example of why there is a need for this program. Personal stories are also very helpful in obtaining funding and soliciting donations to keep the pet food pantry running. We will not use your name publically.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, you agree to the provisions about and attest the information provided is truthful. The undersigned hereby releases the Highland County Humane Society & Samaritan Outreach Services and all representatives associated therein, from any and all liability related to the pet food provided.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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PET INFORMATION – Please provide info for each pet in your home.						
Name	Cat / Dog	Age	Weight	Sex	Breed	Spayed/Neutered

### Veterinarian Spay / Neuter Verification

I certify the pets listed above and named: \_\_\_\_\_

\_\_\_\_\_

have been spayed or neutered and are eligible for participation in the Highland County Pet Food Pantry.

\_\_\_\_\_  
Veterinarian's Office

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone