

FRIENDS OF ATTLEBORO ANIMAL SHELTER (FAAS)

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ATTLEBORO KIBBLE KITCHEN APPLICATION

Friends of Attleboro Animal Shelter's (FAAS) Kibble Kitchen offers temporary assistance to help individuals and families in need feed their pets and should not be viewed as a permanent source of pet food. FAAS Kibble Kitchen will provide food for up to three (3) pets per household. FAAS does not donate to anyone breeding, selling or flipping animals and reserves the right to refuse anyone under any circumstance. Below are the general guidelines, however, every request will be reviewed on a case-by-case basis.

REQUIREMENTS AND GUIDELINES TO RECEIVE PET FOOD DONATIONS FROM FAAS'S KIBBLE KITCHEN

- You must be an Attleboro resident.
- Recipients must be 18 years of age or older and show valid ID.
- A valid ID must be presented each time you receive food.
- Proof of any assistance you currently receive such as: Social Security, Unemployment, Transitional Assistance, SNAP, WIC, Mass Health, etc.
- If you have a dog, your dog must be licensed in the City of Attleboro.
- You attest that your pet is for companionship and not for breeding or illegal activities.
- Pets must be a part of the family with inside shelter and be maintained in a healthy environment and living conditions.
- Pet food recipients cannot take on any additional animals while receiving assistance.
- Recipients agree not to resell, redistribute or attempt to return to a store, any food received from the FAAS Kibble kitchen.
- The person approved to obtain food from the FAAS Kibble Kitchen must be the one picking up the food at all times, unless otherwise approved.
- FAAS will make every effort to consider special requests for certain formulas or flavors of dog and cat food (i.e., Senior, indoor, etc.), but are only able to give what is available at the time
- You must notify FAAS immediately if your financial situation changes.
- As long as you remain in compliance, you are eligible for this program for 6 months. If you still need assistance after 6 months, you can reapply 90 days from when your program eligibility ends.

SHOULD YOU VIOLATE ANY OF THE REQUIREMENTS, FAAS CAN TERMINATE ASSISTANCE IMMEDIATELY WITHOUT NOTICE. COMPLETELY FILL OUT AND SIGN THE APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Date:	Where did you hear about this program?		
APPLICANT'S INFORMATION <i>(please print clearly)</i>			
Applicant's Full Name			
Street Address			
City/Town	State	Zip Code	
If you are homeless, where are you staying?			
Phone	Email		
Best way to reach you? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other <i>(please specify)</i>			
Best Day(s) and Time(s) to contact you?			
Is this application for you or someone else? <i>(if someone else please explain)</i>			
Are you currently receiving: <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> SNAP <input type="checkbox"/> Mass Health <input type="checkbox"/> Medicaid / Medicare			
<input type="checkbox"/> WIC <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 <input type="checkbox"/> Transitional Assistance			
If other, please explain:			

Please explain why you are requesting food from FAAS Kibble Kitchen:

How long do you anticipate needing assistance from this program?

PET INFORMATION *(please print clearly)*

PLEASE LIST ALL PETS IN THE HOUSEHOLD

PET'S NAME	CAT OR DOG	BREED	WEIGHT	AGE	SPAYED OR NEUTERED

Is your pet up-to-date with Rabies Vaccine? Yes No

Type of Food Requesting: Dry Canned Both No Preference

Current Veterinarian's Name:

AGREEMENT AND SIGNATURE

By signing below, you agree to the program provisions and attest that the information provided is truthful. The undersigned hereby releases FAAS's Kibble Kitchen and all representatives, from any and all liability related to the pet food items provided. Agree not to hold FAAS's Kibble Kitchen, its volunteers, Board of Directors, the City of Attleboro and benefactors legally liable in the unfortunate event your pet(s) become ill or the food upsets a pet(s) stomach.

Signature: _____ **Date:** _____

Please sign below to grant us your permission to use your story and/or pictures in our newsletter or on our website, without compensation. (The story and/or photos will not include your name or location, if you prefer that it be anonymous. Please indicate if you would like to remain anonymous, next to your signature)

Signature: _____ **Date:** _____