



Humane Ohio Pet Food Bank Free-Roaming Caretaker Application

Date _____

Personal Information

Name _____

Address _____

City, State, Zip, County _____

Home Phone _____

Cell Phone _____

E-mail Address _____

You must present ID each time you use the Humane Ohio Pet Food Bank. You may name ONE alternate person to pick-up pet food on your behalf. This person will also be required to show ID. Please provide your alternate pick-up person's name: _____

How did you hear about the Humane Ohio Pet Food Bank? _____

Colony Information

(please fill out to the best of your ability for each cat in the colony and use reverse side if you have more than nine cats in the colony)

Name of Cat	Description (eg: black)	Friendly or Feral (wild)	Age	Sex	Spayed/ Neutered (Yes or No)	Rabies Vaccinated (Yes or No)	Eartipped (Yes or No)

Address where colony lives (if different than your address): _____

Please explain why you rely on the Humane Ohio Pet Food Bank. Your story may be used as a testimonial on our Web site or in our newsletter as an example of why there is a need for this program, and to help us get funding and donations to keep the pet food bank running. We will only use your first name, never your last name! **(Use back side of page if necessary.)**

All recipients of products from the Humane Ohio Pet Food Bank acknowledge, understand and consent to the following terms of this program:

- All free-roaming cats must be spayed or neutered and you must provide proof (from the veterinarian who fixed them). If all of the cats are not fixed, you can borrow easy to use humane traps from Humane Ohio for a deposit that is fully refundable upon return of the trap. Our staff can talk you through the Trap-Neuter-Return (TNR) process and give you helpful information and advice. We offer a special, low spay/neuter price for free-roaming cats (talk to the Humane Ohio staff about funding options).
- You must provide data for your colony to help us get an idea of how many free-roaming cats are in our community (see page two of this application).
- Food for the program is donated from various sources, therefore we cannot guarantee that food will be available nor can we guarantee the quality of the food.
- Food is distributed on a first come, first serve basis and is not guaranteed.
- Food is limited and will be provided for up to three cats so we can help more caretakers.
- Since food is limited, we ask for a \$1 donation per cat per month so we can buy food and help meet the demand from pet parents and free-roaming cat caretakers.
- The amount of food supplied will be at our discretion based on the available supply of food.
- This program is meant to supplement the cats' food supply and may not fulfill the dietary needs of the cats.
- You agree to establish a feeding schedule for during the day and to NOT leave food out overnight because it can attract wildlife.
- If the number of cats in the colony decreases, you agree to inform a Humane Ohio Pet Food Bank representative.
- Residents of Lucas and Wood counties in Ohio, and Monroe County in Michigan are eligible for this program and must provide proof of residency.
- Failure to abide by Humane Ohio Pet Food Bank terms can result in your participation being revoked.
- Humane Ohio reserves the right to terminate community cat caretakers from this program at our discretion.
- Humane Ohio reserves the right to change the terms of this program without prior notice to participants.

I (PRINT NAME) _____ understand that Humane Ohio, its programs and its affiliates cannot guarantee the brand, type, quality or the freshness of the food given to me. If any of the community (feral/stray) cats that I am caring for develop a medical condition in whole or in part by the food provided, I agree to release Humane Ohio, this program, and its affiliates from all liability. I also understand that it is my responsibility to pick-up the food from the Humane Ohio Pet Food Bank, and I understand that this program only supplements the cats' food/litter supply and I cannot depend on this program to fulfill the dietary needs of the cats. I understand that the food may have expiration dates within the three 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. I understand that I can only participate in this program if I have all of the cats in the colony spayed/neutered, and I understand that it is my responsibility to humanely trap the cats and transport them to/from Humane Ohio and that the Humane Ohio staff will not do this for me. I agree to the terms of the program stated above.

Signature

Date