



HUMANE SOCIETY *of Washington County*

13011 Maugansville Road Hagerstown, MD 21740 Phone 301-733-2060

PET FOOD BANK

TO RECEIVE TEMPORARY ASSISTANCE PLEASE READ THE FOLLOWING:

HSWC's Pet Food Bank is designed to help families in Washington County (MD) keep their pets when times are hard and when the only alternative might be to give them up by surrendering them to a shelter or rescue. The program is not intended to be a permanent source of pet food.

Because the Pet Food Bank is stocked entirely by donations, we cannot guarantee that assistance will always be available. We also cannot guarantee that we will be able to fulfill special requests, like those for specific brands of food or specialty diets.

To be considered for the program, you must complete an application and sign the agreement below which outlines the program's parameters. This agreement will remain on file for a period of 6 months. If after 6 months there is still a need for assistance, you will be required to meet with the Resource Center Supervisor to discuss continued participation in the program.

PET FOOD PICKUP LOCATION:

Humane Society of Washington County
Lost and Found/Receiving Lobby
13011 Maugansville Rd Hagerstown, Maryland 21740

DAYS AND HOURS:

The food bank will operate two days a week with the following days and hours:

Tuesday and Thursday

10am to 1pm and 3pm to 6pm.



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Pet Food Bank Agreement

Please initial next to each requirement:

I understand that in receiving assistance, I MUST complete an application and agree to all rules and guidelines.

I understand that the head of the household must apply. By initialing this form, I am stating that I am the head of the household. I understand that there may be only one account per family.

I understand that my application will be reviewed by a HSWC representative prior to qualifying for temporary assistance through the Pet Food Bank.

I understand that I must present valid identification (either a state-issued photo ID or driver's license) when accepting pet food and be at least 18 yrs of age.

I understand that ALL pets in the household must be currently vaccinated against rabies and all dogs licensed. PROOF IS REQUIRED. Or, I must cooperate with HSWC's low cost vaccination clinic in order to receive assistance from the Pet Food Bank.

I understand that I will be able to obtain food only for the animals listed on this agreement.

I agree that I will NOT use my pet(s) for breeding purposes or illegal acts.

I understand that I am allowed to authorize only one (1) person over the age of 18 other than myself to pick up food for my household.

I understand that requests for assistance are limited to one (1) every thirty (30) days according to availability. I understand that the amount of donations received varies, and therefore I may not receive the same amount or brand of food each month.

I understand that I am unable to adopt any animals from HSWC while receiving Food Bank benefits.

I understand this is a temporary assistance program designed to assist in feeding my pet.

I understand that I will not be able to use the program if I am found abusing it.

I understand that I will be terminated from the program for being disrespectful to any staff member about assistance.

I understand that the Pet Food Bank is not a government assistance program, and that HSWC is not required to assist. All assistance is given on a case-by-case basis, even when I am approved for the program.

I understand that HSWC reserves the right to revise, alter, or otherwise change any and/or all components of the Temporary Assistance Pet Food Bank rules and guidelines without notice to participants.

Signature of Participant

HSWC Representative

Date



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Date of Visit

Donation received
