



adoptions  
 cruelty prevention  
 public pet education  
 animal rescue & foster care  
 disaster animal rescue team  
 "kibbles on wheels" food program



po box 67  
 lake panasoffkee, fl 33538  
 352.793.9117 phone  
 352.793.9119 fax  
 info@hsspca.org  
 www.hsspca.org



## "Kibbles On Wheels" Pet Food Program Application

This program is for Sumter Cty., FL residents on a fixed limited income such as Social Security pension solely, receiving "Meals on Wheels," or diminished wages due to unemployment, Disability or other circumstances. Applicant must be the legal owner of these pets to be eligible to receive free pet food.

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

Physical Address (also where pets reside): \_\_\_\_\_

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

City/ST/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If you do not have a telephone, you must provide another way for us to contact you:

My need for receiving assistance is:

How many dogs/cats do you own? \_\_\_\_\_ Dogs \_\_\_\_\_ Cats

List pets by name & each one's description: *If you have more pets to list, use other side of form.*

Pet 1) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Circle if spayed (F) - Circle if neutered (M)

Where was procedure performed? \_\_\_\_\_

Rabies vaccination current (Y) ( N) Is a picture identifying the animal to be fed attached and labeled? (Y) (N)

Pet 2) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Circle if spayed (F) - Circle if neutered (M)

Where was procedure performed? \_\_\_\_\_

Rabies vaccination current (Y) ( N) Is a picture identifying the animal to be fed attached and labeled? (Y) (N)

Pet 3) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Circle if spayed (F) - Circle if neutered (M)

Where was procedure performed? \_\_\_\_\_

Rabies vaccination current (Y) ( N) Is a picture identifying the animal to be fed attached and labeled? (Y) (N)

Pet 4) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Circle if spayed (F) - Circle if neutered (M)

Where was procedure performed? \_\_\_\_\_

Rabies vaccination current (Y) ( N) Is a picture identifying the animal to be fed attached and labeled? (Y) (N)

Pet 5) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Circle if spayed (F) - Circle if neutered (M)

Where was procedure performed? \_\_\_\_\_

Rabies vaccination current (Y) ( N) Is a picture identifying the animal to be fed attached and labeled? (Y) (N)

Pet 6) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Circle if spayed (F) - Circle if neutered (M)

Where was procedure performed? \_\_\_\_\_

Rabies vaccination current (Y) ( N) Is a picture identifying the animal to be fed attached and labeled? (Y) (N)



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Pet 7) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Circle if spayed (F) - Circle if neutered (M)

Where was procedure performed? \_\_\_\_\_

Rabies vaccination current (Y) ( N) Is a picture identifying the animal to be fed attached and labeled? (Y) (N)

Pet 8) Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age \_\_\_\_\_ Circle if spayed (F) - Circle if neutered (M)

Where was procedure performed? \_\_\_\_\_

Rabies vaccination current (Y) ( N) Is a picture identifying the animal to be fed attached and labeled? (Y) (N)

Please understand the food you receive is either purchased by the Humane Society/SPCA of Sumter County or is donated. The amount of food you can expect to receive is based on the number and weights of the dogs/cats that you have at the time you are approved for this program. The amount of food will go down if you lose a pet. It will never go up.

**AGREEMENT:** I declare that I am the legal owner of the pets listed above, residing in Sumter County, FL and that I am eligible to apply for the "Kibbles on Wheels" Pet Food Program, because I am living on a fixed income such as Social Security, Disability, SSDI, etc. I agree to abide by the requirements stated here: This food will not be used to feed any stray animals nor will I acquire any new animals without the express permission of the "Kibbles on Wheels" administrator. Acquiring new animals would require me to reapply for the program and could jeopardize my continuation in the program. I will not be able to participate in this program if any of my pets breed or if I add to the number of pets I have. I understand that all outside dogs in the State of Florida are required to have proper shelter. This includes a house with three sides, a roof and a floor. I understand that my pets must have fresh water at all times and enough food for proper health.

I understand that the Humane Society/SPCA of Sumter County, Inc. reserves the right to make unannounced visits to check on my pets. I also understand that there is no guarantee of pet food or the type/brand of pet food given to me monthly.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of HS/SPCA Agent as Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Volunteer Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Home Visit Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Circle one: Delivery or Pick-up Date: \_\_\_\_\_

Notes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_