

cruelty prevention
public pet education
animal rescue & adoptions
the "big fix" spay/neuter program
"kibbles on wheels" food program



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lake panasoffkee, fl 33538
352.793.9117(ph) 9119(fax)

"Kibbles on Wheels" Pet Food Program Application

Applicant Name _____ Physical Address: _____
Mailing Address: _____ City/Zip _____
Phone: _____ Cell _____
Need for receiving assistance _____

*** Documents necessary are: Proof of sterilization, up to date rabies vaccination and a photo must be submitted for all animals (in your care) listed on this app. Applications for this program will not be considered until all required documents have been submitted.**

AGREEMENT: (please read carefully and initial each paragraph)

I declare that I am the legal owner of the animals in my care and I have listed all animals in my care on this application. I declare that all of the pets listed on this application reside in Sumter County, FL and I am eligible to apply for the "Kibbles on Wheels" Program because I am living on a fixed income such as, Social Security, Disability or SSDI, or receive federal/state/county assistance, etc. And, I have attached the certification letter for the Agency for which I receive assistance.

Applicant initials _____

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 consent of the "Kibbles on Wheels" Program administrator. Acquiring new animals would require me to re-apply 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 animals in my care.

Applicant initials _____

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 all animals in my care must have fresh water at all times and enough food for proper health. I understand that the Humane Society/SPCA (HS/SPCA) of Sumter County Inc., reserves the right to make un-announced visits to check on my pets.

Applicant initials _____

Please understand that the food you receive either is purchased by the HS/SPCA or is donated. The amount of food you can expect to receive is based on the number and weights of the animals in your care at the time you are approved for this program.

This application, after completion, should be mailed or brought to the HS/SPCA office 994 CR 529A Lake Panasoffkee, or mailed to PO Box 67 along with all documents needed. Office hours are Monday through Saturday from 8:00am to 4:00pm. Photos of animals can be emailed to sheltermanager@hsspca.org.

"Kibbles on Wheels" Pet Food Program Application

Applicant Name _____

List and describe all animals under your care:

| Breed | Name | Age | Proof of Sterilization Y/N | Proof of rabies Y/N | Photo Y/N |
|-------|-------|-------|-------------------------------|------------------------|--------------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ | _____ | _____ |
| 9 | _____ | _____ | _____ | _____ | _____ |
| 10 | _____ | _____ | _____ | _____ | _____ |

Applicants Signature _____ Date _____

HS Rep. Signature _____ Date _____