

Houston Humane Society

Pet Pantry Service Request

Pet owner must be 18 years old or older. Only one applicant per household.

Client requires to fill out the form to receive assistance

Name: _____ Phone Number: _____

Address: _____ APT/SUITE #: _____

City: _____ State: TX ZIP: _____

Email Address: _____

Are you? African American Asian Caucasian Hispanic Native American Other

Are you (if apply)? Disabled Unemployed Veteran Number of people in household _____

How many children (Under 17 years old) in your household _____

Is your household income under: Household of One under \$1,562 per month (\$18,744 per year)

Household of Two under \$2,114 per month (\$25,368 per year)

Household of Three under \$2,667 per month (\$32,004 per year)

Household of Four under \$3,219 per month (\$38,628 per year)

For Additional household member add \$500 per month (\$6,000 per year)

I require temporary assistance due to COVID-19

YES / NO

How often do you plan to use our services? ONE TIME / MONTHLY / OTHER _____

TELL US ABOUT YOUR PETS: _____

PET'S NAME	DOG/CAT	BREED/COLOR	AGE	WEIGHT	SPAY/ NEUTER	SPECIAL DIET
	DOG / CAT				YES / NO	
	DOG / CAT				YES / NO	
	DOG / CAT				YES / NO	
	DOG / CAT				YES / NO	
	DOG / CAT				YES / NO	

I Have read and agree that all information in my application is true and correct.

Signature of Client: _____ Date: _____

NOTE: Dry pet food will be provided each month for up to three cats or dogs per household. Canned food will be provided when available and if requested. Special dietary needs will be met if food is available.

Right to Deny Service: The HHS Pet Pantry, has the right to not give food to anyone under any circumstances or to make exceptions based on individuals' needs. Due to volume, we are unable to provide food for UNMANAGED feral cat colonies.