



BEDFORD HUMANE SOCIETY, INC.
 829 Ole Turnpike Drive
 Bedford, VA 24523
 540-586-6100
 www.bhsva.org

Animeals Program Form

Applicant Information

Name _____ Phone Number _____

Address _____ City, state, Zip _____

Do you receive assistance from any government source? Yes () No ()

If yes, list which programs you are currently receiving: _____

Are you affiliated with or receive assistance from any other rescue group? Yes () No ()

If yes, please list which groups: _____

Are you able to pick-up food from the BHS office? Yes () No ()

If no, do you have a friend or family member who can pick-up the food? Yes () No ()

Name and relation of individual authorized to pick-up the food on your behalf: _____

Income Eligibility

Applicants must fall under the following guidelines to qualify for the Animeals Program. **Documentation of entire household income must be presented along with your application in order to qualify for the program.**

Documents accepted include but are not limited to: Social Security benefit statement, unemployment benefit statement, most recent tax return. Pay Check stubs **will not** be considered as proof of income.

- | | | | |
|-------------|----------|-----------------|----------|
| () Single | \$18,000 | () w/ Children | \$18,750 |
| () Married | \$25,740 | () w/ children | \$28,920 |

Dog (s) Information

COPY OF CURRENT RABIES CERTIFICATE REQUIRED –NO DOG TAGS ACCEPTED

Dogs Name	Age	Breed	Weight	Amount feeding	Spay or Neutered	Vet's name

Cat (s) Information

COPY OF CURRENT RABIES CERTIFICATE REQUIRED FOR ALL CATS TO BE IN PROGRAM

Cats Name	Age	Breed	Weight	Amount feeding	Spay or Neutered	Vets Name

Policy of Program

- Applicants must call and schedule a day and time before picking up pet food. _____ **(Initial)**
- BHS as the right to terminate assistance if I (the applicant) adopt or takes in any additional animals while in this program. _____ **(Initial)**
- I understand that BHS has the right to terminate assistance in the event that statements made above are found to be false _____ **(Initial)**
- I understand that this program is provided to you via donations of food by the public and your allotted amount may vary depending on donations received. _____ **(Initial)**
- While every precaution has been taken by BHS to insure my safety and that of my pet(s), I will not hold the agents or employees of BHS responsible for any adverse effects that might occur from this food or these supplies that I have received. _____ **(Initial)**

I understand that I accept this pet food from the Bedford Humane Society, Inc. at my own risk. I understand that the program allows me to receive food once a month for the next 6 months from the date of this signed document***.

Applicant Signature _____ **Date** _____

***Prior applicants: The date on the original document signed will be the effective date used for the program.

For Office Use Only

Start Date	End Date
Month	Total Pounds For Dogs/Cats

For Office Use Only

Approved: _____ Date: _____

Denied: _____ Date: _____

Income verified: _____ Rabies verified: _____