



People Letting Every Animal Survive Euthanasia, Inc.

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Randallstown, MD 21133-6202

Phone: (410) 655-8900 Fax: (410) 655-0498

E-mail: pleasefoundation@gmail.com

Website: www.please-rescue.org

Pet Food Assistance Application

Date: _____

Last Name: _____ First Name: _____

Address (City/State/Zip): _____

Phone: Home: _____ Cell: _____

E-mail: _____

How many pets do you care for currently? _____

PLEASE LIST ALL PETS:

Pet name	Dog/Cat	Age	Spayed/Neutered?	Vaccinated?	How did you acquire this pet?

Have you received assistance from us before: Yes___ No___ If so: When?_____

How did you hear about the pantry?_____

By applying for assistance, you:

- understand the food provided is donated and may not be your current brand, which may upset your pet’s stomach (it is best to mix the donated food with your current food).
- will NOT resell or give away the pet food and/or supplies received from PLEASE, Inc.
- will NOT breed any of your pets.
- will not add animals to your home while receiving assistance.
- understand that PLEASE, Inc. has the right to deny your application or stop providing assistance at any time.
- understand that PLEASE, Inc. reserves the right to take pictures to use for their marketing materials, web page, and social media sites. By signing your name below, you understand and agree to all provisions above.

WAIVER:

I hereby waive, release, and discharge for myself, my heirs, personal representatives, and assigns any and all rights, liability, causes of action and claims that may now or hereafter accrue to me or which I may now or hereafter assert against the PLEASE, Inc. their officers, directors, employees, volunteers, agents, successors, and assigns for any injury, harm or loss suffered by me, my family, or an animal related to or arising from my acceptance or use of food and/or supplies received from the PLEASE, Inc. pantry. By signing your name below, you are acknowledging that you understand and agree to all of the provisions above.

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic termination of assistance and suspension from making future applications.

Signature of Applicant: _____ Date: _____