

City of Tyler Animal Services  
Pet Food Assistance Application

Thank you for contacting the City of Tyler Animal Services Food Bank. Please fill out this application so we can determine if you're eligible for assistance. Please answer each question truthfully. All information given is kept strictly confidential. Any false information on this application will result in the disapproval of this application and assistance will be denied.

In order to be considered for assistance, you must:

1. Be 18 years of age or older,
2. Have a picture ID with you current address,
3. Answer all questions on the application truthfully and completely,
4. Agree to fill out a new application if the number of pets in your household changes or your move,
5. Understand the food provided is donated and as a result, the City of Tyler cannot guarantee the quality of the food provided nor can it guarantee that your pet will not suffer adverse consequences from the introduction of new food into its diet.
6. Agree to hold Animal Services, the City of Tyler government, its staff, and volunteers harmless from all legal action and acknowledge that you are aware of and desire to assume any and all risks involved with feeding your pet a new food.
7. Understand that the City of Tyler has the right to deny your application for any reason,
8. Agree by receiving food from the Food Bank, to give back a food donation when you are able.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR THE FOOD BANK'S USE ONLY:**

APPLICATION PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ PENDING: \_\_\_\_\_

REASON FOR DISAPPROVAL OR PENDING STATUS: \_\_\_\_\_

AMOUNT OF FOOD GIVEN (IN POUNDS): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

1. NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NUMBER OF HOUSEHOLD MEMBER: \_\_\_\_\_

2. HOW MANY PETS ARE IN YOUR HOUSEHOLD? \_\_\_\_\_

3. PLEASE LIST ALL PETS INCLUDING THEIR NAMES, TYPE, BREED, AGE, AND SIZE

PET'S NAME: \_\_\_\_\_ TYPE(CAT/DOG) \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SZ: S M L XL

PET'S NAME: \_\_\_\_\_ TYPE(CAT/DOG) \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SZ: S M L XL

PET'S NAME: \_\_\_\_\_ TYPE(CAT/DOG) \_\_\_\_\_

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PET'S NAME: \_\_\_\_\_ TYPE(CAT/DOG) \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SZ: S M L XL

PET'S NAME: \_\_\_\_\_ TYPE(CAT/DOG) \_\_\_\_\_

BREED: \_\_\_\_\_ AGE: \_\_\_\_\_ SZ: S M L XL

- 4. HOW DID YOU HEAR ABOUT THE FOOD BANK? \_\_\_\_\_
- 5. HAVE OU RECEIVED ASSISTANCE FROM THIS FOOD BANK BEFORE? YES\_\_ NO\_\_
- 6. ARE ANY OF THE PETS NAMED ABOVE USED FOR BREEDING? YES\_\_ NO\_\_
- 7. IF YOU BROUGHT YOUR PET(S) WITH YOU, WOULD YOU ALLOW US TO TAKE A PHOTO OF YOUR PET(S) OR YOU AND YOUR PET(S), TO BE USED FOR COMMUNICATION PURPOSES? YES\_\_ NO\_\_

IF YES, BY SIGNING BELOW YOU AGREE TO RELINQUISH ALL RIGHTS FOR MONETARY GAIN AND COMPENSATION.

8. PLEASE DESCRIBE WHY YOU NEED ASSISTANCE:

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I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND UNDERSTAND THAT GIVING ANY FALSE INFORMATION WILL RESULT IN THE DISAPPROVAL OF THIS APPLICATION AND DISQUALIFICATION OF FUTURE APPLICATIONS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return this application to 3393 W. Grande, Tyler, Tx 75703

Contact the Shelter Manager at 903-508-7467