

# Darcy Lashinsky Memorial Pet Food Bank Application

Thank you for visiting NHA's Darcy Lashinsky Memorial Pet Food Bank. Please complete this application so we can determine your eligibility for assistance. All information provided is kept strictly confidential.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State TN Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Davidson County Resident: Yes or No

How did you learn about the NHA Pet Food Bank? \_\_\_\_\_

Have you received assistance from this Food Bank before: Yes or No If yes, when (last)? \_\_\_\_\_

Type of assistance (check all that apply):  Food Stamps  WIC  Disability  SSI Income Proof   
Medicaid  Reduced lunch  Section 8

Note: Collecting unemployment does not qualify you for Food Bank service at NHA.

How many pets are in your household? \_\_\_\_\_ (we serve a **maximum of 5 pets** per household)

Other members of household authorized to pick up pet food with my documentation:

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

## Please list all pets including their name, type (cat or dog), gender, age, breed, and size.

**\*\*ALL PETS IN HOUSEHOLD MUST BE SPAYED OR NEUTERED TO RECEIVE FOOD.**

Pet #1 Name: \_\_\_\_\_ Cat or Dog \_\_\_\_\_ Male or Female \_\_\_\_\_ Altered Yes or No

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: 5-20# 21-50# 51-100+

Pet #2 Name: \_\_\_\_\_ Cat or Dog \_\_\_\_\_ Male or Female \_\_\_\_\_ Altered Yes or No

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: 5-20# 21-50# 51-100+

Pet #3 Name: \_\_\_\_\_ Cat or Dog \_\_\_\_\_ Male or Female \_\_\_\_\_ Altered Yes or No

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: 5-20# 21-50# 51-100+

Pet #4 Name: \_\_\_\_\_ Cat or Dog \_\_\_\_\_ Male or Female \_\_\_\_\_ Altered Yes or No

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: 5-20# 21-50# 51-100+

Pet #5 Name: \_\_\_\_\_ Cat or Dog \_\_\_\_\_ Male or Female \_\_\_\_\_ Altered Yes or No

Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: 5-20# 21-50# 51-100+

In order to receive assistance, you must:

- Be 18 years of age or older.
- Be a Davidson County resident.
- Have a valid Tennessee Driver's License or state photo ID.
- Understand the food provided is donated and may not be your current brand. Therefore, your pet(s) could get an upset stomach due to the introduction of a new food to their diet.
- Agree to hold the Nashville Humane Association, its staff and volunteers free from all legal action related to health issues resulting from feeding your pet the food received from the NHA Food Bank.
- Be aware that you will be asked about having your pet(s) spayed or neutered if any pet in your household has not been previously altered, as this is a requirement of the Nashville Humane Association Food Bank program unless there is a medical or age exception. A litter of puppies or kittens can add additional financial expenses to a family's budget.
- Bring original paper proof of your pet(s)' spay/neuter, or a veterinarian's signed confirmation that your pets are altered (with their names listed) on letterhead.
- Understand that adding an animal to your household after today's date will automatically disqualify you from using the Food Bank.
- Understand that no customers of the Food Bank may adopt from Nashville Humane Association while or within six months of receiving assistance from the Food Bank.
- Agree not to sell or distribute any donations received from the Nashville Humane Association.
- Understand that NHA provides this service as a courtesy, and availability is limited to generous donations given to NHA.
- Understand the assistance is intended to be a supplement to your regular source of pet food, not to be a full month's supply.
- Understand the volunteers operating the Food Bank have a right to deny your application and/or refuse you service at their discretion.
- Understand that food distributed today may be regarded as being safe and that it could be on a food recall list at any time. It is your personal responsibility to check the food labels if there is a pet food recall related to the food distributed to you.

By signing your name below, I agree to the terms and conditions stated above. You also certify that all information you have provided on this application is accurate and that giving inaccurate information may result in the application being disapproved and the assistance being denied.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



For the Food Bank's Use Only

Application Processor: \_\_\_\_\_ Date \_\_\_\_\_

Amount of Food/Items Distributed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_