



STARelief and Pet Assistance, Inc

Pet Food Assistance Application

STARelief and Pet Assistance (STARelief) Pet Food Pantry offers temporary assistance to help pet caregivers feed their pets and should not be viewed as a permanent source of pet food. STARelief does not donate to anyone breeding, selling or flipping animals and it reserves the right to refuse anyone under any circumstance, such as someone who is a breeder. Below are the general guidelines. However, every request will be reviewed on a case-by-case basis. STARelief will provide food for up to five pets per household.

Requirements and Eligibility To Receive Pet Food Donations

- Proof of unemployment, income status, or disability with a valid driver license or some form of ID
- Recipients must be 18 years of age or older. ID may be required
- Pets are for companionship and not for breeding or illegal activities
- **All pets must be spayed/neutered. STARelief can help with assistance for spaying or neutering**
- Pets must be a part of the family with inside shelter and must be maintained in a healthy environment and living conditions
- Pet food recipients cannot take on any additional animals while receiving assistance
- Understand that all pet food and supplies are donated and may not be the current brand you use to feed your pet, which may upset your pet's stomach
- Agree not to hold STARelief's Pet Food Pantry, its volunteers, and benefactors legally liable in the unfortunate event your pet(s) become ill or the food upsets a pet(s) stomach
- Recipients agree not to resell, redistribute or attempt to return to a store, any food or care items received from STARelief's Pet Food Pantry
- STARelief will make every effort to consider special requests for certain formulas or flavors of dog and cat food (i.e., Senior, indoor, etc.), but are only able to give what is available at the time
- Provide us with a photo of your pet (you may include yourself or your family in the photo). Accepted file formats include: gif, jpg, pdf or png. Email to care@starelief.org.

Should you violate any of the above requirements, STARelief's Pet Food Pantry will terminate assistance immediately without notice.

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

How did you hear about STARelief? _____



STARelief and Pet Assistance Pet Food Application

List All Pets In Household

Pets Name	Cat/Dog	Breed	Weight	Age	Spay/ Neutered?	Special Needs/ Medications

Please state why you are requesting pet food and indicate your job status

Please sign here to grant us your permission to use your story and/or pictures in our newsletter or on our website, without compensation. (The story and/or photos will not include your name or location, if you prefer that it be anonymous – please indicate if you would like to remain anonymous, next to your signature) *You must sign below and send in photo of your pet in order to receive our pet food pantry benefits*

Signature _____

By signing below, you agree to the provisions about and attest the information provided is truthful. The undersigned hereby release STARelief Pet Food Pantry and all representatives associated therein, from any and all liability related to the pet food and/or care items provided.

Signature of Applicant _____ Date _____

Signature of STARelief Representative _____

STARelief and Pet Assistance/ PO Box 3035 / Stamford, CT 06905

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