



Chenango SPCA Assistance Programs

KERBY Flea

Full Bellies Pet Food Pantry

Applicant Information

P# _____

Name: _____

Other Household Members (Over the age of 18): _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Primary phone#: _____ County: _____

Email Address: _____

Occupation: _____ Employer: _____

You must provide proof of Chenango County Residency and proof of assistance.

This agreement is not an automatic approval for funds.

I am applying for **FULL BELLIES** and/or **KERBY Flea** for the following pet(s)

Pet 1

Name: _____

Species/ Breed: _____

Age: _____ Color: _____ Sex: _____

Where did Pet Come from: _____

Pet 2

Name: _____

Species/ Breed: _____

Age: _____ Color: _____ Sex: _____

Where did Pet Come from: _____

Please read and check the follow items. By doing so, I acknowledge that I am applying for assistance for my pet(s) through one of the Chenango SPCA's Assistance Programs and agree to the following:

KERBY Flea

- I understand how to administer the medication
- I will follow the medication directions.
- I agree to use the medication **ONLY** on the animals that have been approved.
- I can receive 2 tubes at discounted rate (\$4.00), and will pay the higher price (\$8.00) for any additional tubes (maximum is 2 additional tubes).

Full Bellies

- I understand that this program is only a temporary source of pet food.
- Any food given is intended for only my pets.
- If I acquire additional pets, my application will become void and I will not be eligible for further assistance by the CSPCA.
- I understand I can use the Full Bellies Pantry 3 times in a CALENDER year.

- Release of Claims:** I release the CSPCA from any claims, liability or damage relating to any food or flea treatments I receive through the CSPCA Assistance Programs, and waive any right to raise false claims against the CSPCA related to these programs. If complications arise as a result of surgery or flea treatments, I agree to have my pet(s) treated by a veterinarian at my own expense
- I understand that applying for assistance through the CSPCA will prohibit me from adopting from the CSPCA until I can prove that I am capable of financially caring for my pets.**

Applicant Signature

Date

CSPCA Staff Signature

Date

Pets at Home

Please fill out for every remaining pet in home.

How Many Dogs: _____ How Many Cats: _____

Pet 1
Name: _____
Species/ Breed: _____
Age: _____ Color: _____ Sex: _____
Where did Pet Come from: _____
Is pet Already Spayed/Neutered? _____

Pet 2
Name: _____
Species/ Breed: _____
Age: _____ Color: _____ Sex: _____
Where did Pet Come from: _____
Is pet Already Spayed/Neutered? _____

Pet 3
Name: _____
Species/ Breed: _____
Age: _____ Color: _____ Sex: _____
Where did Pet Come from: _____
Is pet Already Spayed/Neutered? _____

Pet 4
Name: _____
Species/ Breed: _____
Age: _____ Color: _____ Sex: _____
Where did Pet Come from: _____
Is pet Already Spayed/Neutered? _____

Pet 5
Name: _____
Species/ Breed: _____
Age: _____ Color: _____ Sex: _____
Where did Pet Come from: _____
Is pet Already Spayed/Neutered? _____

Pet 6
Name: _____
Species/ Breed: _____
Age: _____ Color: _____ Sex: _____
Where did Pet Come from: _____
Is pet Already Spayed/Neutered? _____

FOR CSPCA USE ONLY:

Kerby Flea: (Please date & initial)

Approval Date: _____

April: ____ May: ____ June: ____

July: ____ Aug.: ____ Sept: ____

Oct: ____ Nov: ____

Service In/Out: _____

Notes: _____

Full Bellies: (Please date & initial)

Approval Date: _____

Visit 1: _____

Visit 2: _____

Visit 3: _____

Other: _____

Service In/Out: _____

Notes: _____

