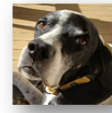




**Buddy's Bowl**  
*a dog and cat food pantry*  
**Application for Assistance**



Thank you for visiting Buddy's Bowl. Please complete this application so we can determine your eligibility for assistance. All information provided is kept confidential.

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

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

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

How did you learn about Buddy's Bowl? \_\_\_\_\_

Have you received assistance from this food pantry 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 Pantry service at Buddy's Bowl.

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 Benton 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 Tree of Life Education Center dba Revelation Gardens and Buddy's Bowl, its staff and volunteers free from all legal action related to health issues resulting from feeding your pet the food received from Buddy's Bowl Food Pantry.
- 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 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 Pantry
- Understand that no customers of the Food Pantry may adopt from Nashville Humane Association while or within six months of receiving assistance from the Food Pantry.
- Agree not to sell or distribute any donations received from the Buddy's Bowl food pantry.
- Understand that Buddy's Bowl provides this service as a courtesy, and availability is limited to generous donations given to Buddy's Bowl.
- 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 Pantry 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 Pantry's Use Only

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

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