



Colony Caregiver Food Assistance Request

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Best way to contact for food pickup times:

Call _____ Text _____ Email _____

Number of Cats _____ Number Spayed/Neutered _____ Number Unaltered _____

Location of Colony _____

(Initial All Below)

_____ I understand that in order to receive food assistance I must have all cats in my colony spayed/neutered. If they are not, I am acknowledging that I am actively working on getting them spayed/neutered.

_____ I acknowledge that any new cats arriving in my colony are checked for microchip and are spayed/neutered within 4 weeks of arriving at my colony.

_____ I acknowledge that Sheltering Hands may request proof that my colony has been spayed/neutered

_____ I acknowledge that food will be provided based on availability and will be provided only once in a 30-day time frame. A Sheltering Hands representative will contact me to let me know when food can be picked up.

_____ I acknowledge that I must bring my own containers for food pickup. These containers must be clean and dry. The Sheltering Hands representative can deny providing food in unclean or wet containers.

_____ I understand that Sheltering Hands Inc., is not liable for food quality and agree to hold Sheltering Hands, Inc., harmless if any food is spoiled or expired.

**A Sheltering Hands representative will contact me when my application has been approved.

Signature _____ Date _____

For quickest approval please email completed form to Caregivers@ShelteringHands.org

You can also drop off at clinic Mon, Wed, or Fri 9am - 4pm or

Mail to: Sheltering Hands, PO Box 773175, Ocala, FL 34477-3175