



A. D. R. E. A. M.

animal disaster relief,
emergency assistance & more, inc.

helping pets stay in the family

Application Packet

Complete all but the highlighted parts. Please be sure to sign and date each page. Feel free to contact us at any of the following if you have questions.

(706)313-3924 call or text

adreamcharity@gmail.com

www.adreamcharity.org

facebook.com/ADREAMcharity

Animal Disaster Relief, Emergency Assistance and More, Inc.

Pet Information Chart

Client Name: _____

Date: _____

CCN: _____

	Name	Species	Breed	Age	Weight	Gender	Micro Chipped	Special Needs / Allergies	Medical Conditions	Spayed / Neutered	Up to Date on all shots	Where is Pet kept?
Pet # 1												
Pet # 2												
Pet # 3												
Pet # 4												
Pet # 5												
Pet # 6												
Pet # 7												
Pet # 8												
Pet # 9												
Pet # 10												

By signing below, I certify that all information provided is true and accurate to the best of my knowledge.

Print: _____

Sign: _____

Date: _____

Animal Disaster Relief, Emergency Assistance and More, Inc.
Individual/Family Application

Client Name: _____
Spouse/Partner's Name: _____
Address: _____
City, State, Zip: _____
County: _____

Date: _____

CCN: _____

Home Phone: _____

___ Text ___ Call Cell Phone: _____

Email: _____

Proof of ID:

Drivers License #: _____

Green Card #: _____

Can we send you information through the mail? _____

Who referred you to us? _____

How did you manage before coming to us? _____

What is your household monthly income? _____

Are you receiving pet food assistance from anywhere else?

_____ If yes, please tell us from where and how often?

Total number of Animals in my Household:

_____ Cats _____ Dogs
_____ Birds _____ Reptiles
_____ Rodents _____ Livestock
_____ Small Caged Furry Animals
_____ Other

Number in Household:

_____ Adults 65+
_____ Adults 18-64
_____ Children 12-18
_____ Children under 12

Your Home:

_____ Own
Mortgage amount: _____
_____ Rent
Rent amount: _____
_____ Live with friends/family
Amount paid monthly: _____

Reason for Need:

_____ Unemployed
_____ Low-Income
_____ Financial Hardship
_____ Natural Disaster
_____ Other: _____

Items Needed:

_____ Dry Food
_____ Soft Food
_____ Treats
_____ Toys
_____ Litter
_____ Medicines
_____ Shots/Vaccines
_____ Spay/Neuter
_____ Other: _____

Who in your household will be responsible for completing the required volunteer hours? Name: _____ Relationship: _____

Does this person have a disability or injury that would limit their physical activity? _____ If yes, please explain: _____

By signing below, I certify that all information provided is true and accurate to the best of my knowledge.

Print: _____

Sign: _____

Date: _____

Animal Disaster Relief, Emergency Assistance and More, Inc.

Requirements and Guidelines

Client Name: _____

Date: _____

CCN: _____

1. I agree to feed and give fresh water to my pets every day.
2. I agree to have my pets spayed/neutered.
3. I agree to have my pets up to date on shots.
4. I agree to attend to my pets in a timely manner if they need medical attention.
5. I agree to tell my friends and neighbors about ADREAM.
6. I agree to volunteer at ADREAM for a minimum of five (5) hours per month, every month.
7. I agree that if I cannot properly care for my pet, I will let someone at ADREAM know.
8. I agree to allow someone from ADREAM to come by my home and inspect the condition of my pet(s) at any time, if needed.
9. I will provide a picture of myself with all my pets together. (If needed, provide multiple pictures).
10. I agree to bring my Driver's License and Client ID to every visit.
11. I agree that all food I get from ADREAM will be used **ONLY** for the nourishment of the animals listed with ADREAM.
12. I agree that I will not adopt or purchase any additional pets while receiving assistance from ADREAM.
13. I agree to inform a staff member of ADREAM immediately if I discover one of my pets has become pregnant. I will also notify a staff member of any new birth within two (2) weeks of the birthing.
14. I certify that my pets are companion animals only and are not being used for breeding or any illegal activities.
15. I agree not to tether or chain my dog or cat all day long.
16. I understand that ADREAM cannot be held responsible for any illness of my pet(s).
17. I agree to provide verification in writing of any food allergies, medical conditions, rabies vaccination, and/or spay/neuter surgery for my pet(s) from a veterinarian.
18. I understand that I will have to undergo a review of my case every six (6) months to verify my eligibility to continue receiving assistance. I will provide ADREAM with information concerning changes in my financial or household status within two (2) weeks of the change.

By signing below, I understand and agree to all of the above listed requirements and guidelines. I understand that if I do not follow these requirements and guidelines I will no longer be able to receive pet food assistance from Animal Disaster Relief, Emergency Assistance and More, Inc.

Print: _____

Sign: _____

Date: _____

Animal Disaster Relief, Emergency Assistance and More, Inc.
Liability Waiver

Client Name: _____

Date: _____

CCN: _____

I, (print full name) _____ agree now and at all times in the future to waive any and all claims of liability, whether of negligence or any other cause of action, against Animal Disaster Relief, Emergency Assistance and More, Inc. (ADREAM), and any Programs, it's directors, officers, employees, affiliates, LANDLORD, and all volunteers and representatives working under its supervision, for any of the following: any personal injury, property damage or any other type of harm, resulting from my participation as a volunteer or representative in any and all activities I engage in under the supervision of Animal Disaster Relief, Emergency Assistance and More, Inc. (ADREAM), it's Programs, directors, officers, employees and volunteers. These activities include, but are not limited to warehouse work, pick up & delivery, stocking and loading and unloading food, assisting people with food, assisting people with their pets, answering phones, fundraising events, and the use of any equipment in or around the office or warehouse. I further understand that during my participation as a volunteer or client photographs or video may be taken and used by Animal Disaster Relief, Emergency Assistance and More, Inc. for marketing or advertising, or otherwise published online or in printed form.

I understand that the involvement and participation as a volunteer with Animal Disaster Relief, Emergency Assistance and More, Inc., and its Programs, directors, officers, employees and volunteers under its supervision, is contingent upon my agreeing to this waiver.

BY SIGNING THIS WAIVER, I ACKNOWLEDGE THAT VOLUNTEERING, WAREHOUSE/PET FOOD PANTRY WORK, AND FUNDRAISING EVENTS CAN BE DANGEROUS AND HARD WORK IN ITS NATURE AND I AGREE TO TAKE ANY AND ALL PRECAUTIONS TO PROTECT MYSELF AND OTHERS FROM BEING INJURED. I AGREE THAT WAREHOUSE/OFFICE PROCEDURES WERE EXPLAINED TO ME AND THAT CAUTION AND WORK SAFETY WAS EXPLAINED. BY SIGNING THIS, I WILLINGLY ACCEPT ALL RESPONSIBILITY AND ASSUME THIS RISK.

Print: _____

Sign: _____

Date: _____