



Participant Registration Form
The Animal Welfare League
of Montgomery County

Chompers Free Food Program Application

Do you live in Montgomery County? [] Yes [] No The program is only open to Montgomery County residents.
Are you under economic hardship? [] Yes [] No

Please describe in brief detail the circumstances of your economic hardship.

Are you over 60 years of age? [] Yes [] No Do you own your own home: [] Yes [] No

If this program did not exist, would you give up your pet? [] Yes [] No

Name _____
Street Address _____
City, State and Zip _____
Phone Number _____ Email Address _____

Please attach proof of spay/neuter for each animal listed below.

Pet's Name _____ [] Dog [] Cat Are you the owner of this pet? [] Yes [] No
Fixed through AWLMC Spay/Neuter Program? [] Yes [] No Pet's Age: _____

Pet's Name _____ [] Dog [] Cat Are you the owner of this pet? [] Yes [] No
Fixed through AWLMC Spay/Neuter Program? [] Yes [] No Pet's Age: _____

Pet's Name _____ [] Dog [] Cat Are you the owner of this pet? [] Yes [] No
Fixed through AWLMC Spay/Neuter Program? [] Yes [] No Pet's Age: _____

Pet's Name _____ [] Dog [] Cat Are you the owner of this pet? [] Yes [] No
Fixed through AWLMC Spay/Neuter Program? [] Yes [] No Pet's Age: _____

Pet's Name _____ [] Dog [] Cat Are you the owner of this pet? [] Yes [] No
Fixed through AWLMC Spay/Neuter Program? [] Yes [] No Pet's Age: _____

In order to participate in the program, you must agree to the program rules, as noted below:

I understand that choices of brands of pet food are not available. I understand that I must have the ability to carry the pet food. I understand that I must bring any bags I might need to carry the food. I understand that this pet food program only covers dry food. I understand that if canned pet food is available, that it is in limited supply. I agree not to adopt any more pets while I'm in this program. I understand that no medicine is available. I understand that any additional supplies that have been donated are on a first come/first served basis. I understand that kitty litter is not part of the program. I understand that AWLMC volunteers will not tolerate any bad behavior in line. I understand that I cannot have more than 10 pets in the program. [] Yes [] No

I grant the Animal Welfare League of Montgomery County and its representatives and volunteers, the right to take photographs of me or use my quotes in connection with the Chompers Free Pet Food Drive. The Animal Welfare League of Montgomery County may use such photographs of me, with or without my name for any lawful purpose, for the following uses Publicity; Advertising; Web Content. Please be advised that AWLMC is not responsible for the quality or safety of the free pet food provided to you. By signing this agreement you agree to indemnify AWLMC, including its officers and volunteers both collectively and individually, and hold them harmless from and against any direct, indirect, special, incidental, punitive or consequential damages, including but not limited to the injury to and loss of your pet, which may arise from your decision to accept and use the pet food.

I have read and understand the above:

Signature _____ Date _____

Please Print, Sign & return this form along with proof of spay/neuter for each pet listed to:

Animal Welfare League of Montgomery County
PO Box 7041
Gaithersburg MD 20898