



MONROE COUNTY HUMANE ASSOCIATION

Pet Food & Supply Pantry Client & Pet Application *(Please complete front and back)*

Client Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: _____ Email: _____

Do you currently receive government assistance? Circle one: **YES** **NO**

TANF____ WIC____ Section 8____ Food Stamps____ Disability____ HIP____ Medicaid____

I DO NOT RECEIVE GOV. ASSISTANCE BUT BELIEVE I MAY QUALIFY BASED ON MY INCOME_____

Would you like to list a pantry proxy? Circle one: **YES** **NO**

A pantry proxy is an individual that you authorize to pick up from our pantry on your behalf.

Name of pantry proxy: _____

YOU MAY APPLY FOR UP TO 3 PETS. THE NUMBER OF PETS APPROVED ON YOUR PANTRY ACCOUNT IS DETERMINED BY STAFF UPON REVIEW OF BOTH PET AND CLIENT APPLICATION(S). MCHA'S PET FOOD DISTRIBUTION PANTRY IS MEANT TO BE UTILIZED AS A SUPPLEMENTARY DIET WHEN YOU ARE UNABLE TO PURCHASE FOOD. THIS MEANS THAT YOUR PET SHOULD NOT BE DEPENDENT ON MCHA'S PANTRY DIET, AS OUR RESOURCES ARE LIMITED. PLEASE UNDERSTAND MCHA'S DRY PET FOOD DIETS ARE A MIXTURE OF DIFFERENT BRANDS, SPECIFIC TO SPECIES. THE MIXING OF BRANDS MAY NOT BE IDEAL FOR ANIMALS WITH SENSITIVE SYSTEMS. URGENT REQUESTS FOR FOOD ARE FULFILLED BASED ON STAFF DISCRETION. REQUESTS FOR SPECIAL DIETS WILL BE FORWARDED TO THE PANTRY/OUTREACH COORDINATOR, THESE REQUESTS ARE LOOKED INTO OVER THE WEEKEND, AND SPECIAL DIETS ARE ONLY HELD FOR A MAXIMUM OF 7 DAYS BEFORE BEING RETURNED TO STOCK/OFFERED TO ANOTHER PET. SEE NEXT PAGE TO COMPLETE PET APPLICATION(S)

I have read and agree to the above conditions, signed, _____
(Client Signature)

01162023 _____

www.MonroeHumane.org

**MONROE COUNTY
HUMANE ASSOCIATION**
CLINIC • EDUCATION • OUTREACH

P. 812-333-6242





MONROE COUNTY HUMANE ASSOCIATION

Pet Food & Supply Pantry Application

Please list pets below.

Pet #1

Pet Name: _____
 Dog or Cat: _____
 Breed: _____
 Weight: _____

Age: _____
 Male or Female: _____
 Spayed/Neutered? **Y N**
 Currently vaccinated against Rabies? **Y N**

Pet #2

Pet Name: _____
 Dog or Cat: _____
 Breed: _____
 Weight: _____

Age: _____
 Male or Female: _____
 Spayed/Neutered? **Y N**
 Currently vaccinated against Rabies? **Y N**

Pet #3

Pet Name: _____
 Dog or Cat: _____
 Breed: _____
 Weight: _____

Age: _____
 Male or Female: _____
 Spayed/Neutered? **Y N**
 Currently vaccinated against Rabies? **Y N**

Applicants are not required to be residents of Monroe County. Pantry applications are valid for a 12 month period, after which all clients will be required to present proof of assistance and resubmit an updated application.

STAFF USE ONLY:

NO. OF PETS APPROVED: Circle one: 1 2 3
PANTRY CLIENT CODE FOR EACH PET - Pet #1:___ Pet #2:___ Pet #3:___
PROOF OF ASSISTANCE CHECKED? (INITIAL) _____
STAFF MEMBER REVIEWING APPLICATION? (INITIAL) _____

01162023

www.MonroeHumane.org

**MONROE COUNTY
 HUMANE ASSOCIATION**
 CLINIC • EDUCATION • OUTREACH

P. 812-333-6242

