

# FOOD & SUPPLY PANTRY APPLICATION FORM

ONE FORM PER HOUSEHOLD

# MONROE COUNTY HUMANE ASSOCIATION

CLINIC • EDUCATION • OUTREACH

The MCHA Pet Food & Supply Pantry provides support to families experiencing temporary financial difficulties ensuring no pet goes hungry. MCHA is deeply committed to keeping pets with their families and reducing the number of animals surrendered. By doing so, we aim to foster a community where every pet is valued, cared for, and safe in their homes. The program is not intended as a primary food source for pets.

**OWNER INFORMATION**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FINANCIAL NEED**

I currently receive government assistance? *circle one*:

TANF   WIC   SNAP   Disability   HIP   Medicaid   Unemployment   Housing Choice Voucher Program   Other: \_\_\_\_\_

I do not receive government assistance, but believe I may qualify based on my income or other factors.

**PET INFORMATION** All pets must have current rabies vaccinations. Low-cost rabies vaccinations are available at MCHA Mobile Vaccine Clinics. Proof of spaying/neutering is required within four months unless medically inadvisable. Spay/Neuter Assistance Vouchers are available.

SPECIES	PET NAME	BREED	WEIGHT	AGE	SEX	SPAYED/ NEUTERED	CURRENT RABIES
CAT DOG			_____ lbs		M F	Y N	Y N
CAT DOG			_____ lbs		M F	Y N	Y N
CAT DOG			_____ lbs		M F	Y N	Y N

**FOOD PANTRY PROXY**

I would like to designate a pantry proxy that I authorize to pick up from the MCHA pantry on my behalf.

Name: \_\_\_\_\_

# FOOD & SUPPLY PANTRY PARTICIPANT AGREEMENT

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

Please carefully review the program requirements outlined below.

By initialing beside each line, you affirm that you acknowledge and consent to the terms outlined.

## Eligibility Requirements:

\_\_\_\_\_ I am a Monroe County resident.

\_\_\_\_\_ I acknowledge that my approval is valid for a period of six months. Upon expiration of this term, I will submit current documentation of financial assistance for renewal purposes.

\_\_\_\_\_ I confirm that all of my pets are up to date with their rabies vaccinations in compliance with Indiana law and will provide the necessary documentation. I understand low cost vaccinations are available each month at the MCHA Mobile Vaccination Clinic.

\_\_\_\_\_ I certify that my pets have been spayed or neutered. Should this not be the case, I am aware that I have a four-month period to comply. I acknowledge that MCHA offers Spay/Neuter Assistance Vouchers for PetsAlive with a value of \$20 for cats and \$40 for dogs to help meet this requirement. If my pets cannot be spayed/neutered due to a medical issue I will provide documentation from my veterinarian.

## Conditions of Program:

\_\_\_\_\_ I understand the food pantry can only provide food for up to 3 animals per household.

\_\_\_\_\_ I understand MCHA will provide me with a reusable container that I must return clean each month for my next allotment. If I lose my container or it is unuseable because of uncleanliness I understand a replacement container will cost \$5.

\_\_\_\_\_ I will not adopt or purchase additional pets while using this program.

\_\_\_\_\_ I will not use my pets for breeding, fighting, or any illegal activities. I understand that any suspicion of abuse may lead to MCHA contacting authorities and banning me from the program.

\_\_\_\_\_ I commit to daily care of my pets – providing exercise, food, fresh water, and shelter.

\_\_\_\_\_ I understand the type and quantity of food provided are based on donations, so brands may vary, potentially causing stomach upsets for some pets.

\_\_\_\_\_ I will not resell food or supply items from MCHA and if I do it will result in immediate program termination.

I attest that the information I have provided on this application is true and that giving false information will result in the disqualification of future MCHA program participation.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_