

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 am currently experiencing a **temporary financial hardship** and **need short term support** from the Food Pantry Program.

I participate in a government assistance program (circle one): TANF WIC SNAP Disability HIP Medicaid Unemployment
Housing Choice 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 six months unless medically inadvisable. Spay/Neuter Assistance Vouchers are available.

SPECIES	PET NAME	BREED/COLOR	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 am physically unable to pick up from the pantry and would like to designate the following person to pick up on my behalf:

NAME: _____

**COMPLETE THE REVERSE
SIDE OF THIS FORM**

FOOD & SUPPLY PANTRY PARTICIPANT AGREEMENT

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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 & PROGRAM REQUIREMENTS:

_____ I am a **Monroe County resident**.

_____ I am currently **experiencing a temporary financial hardship & need short term support** from the Pantry Program.
Assistance is available for up to six months. After six months, proof of financial need is required to continue receiving support.

_____ I confirm that **all of my pets are up to date on rabies vaccinations** as required by Indiana law.

_____ I certify that **my pets have been spayed or neutered**.
Should this not be the case, I am aware that I have a six-month period to comply.

_____ I acknowledge that the pantry provides support for **up to three animals** per household and is **not the primary food source** for my pets.

_____ I agree **not to adopt or acquire additional pets** while receiving assistance through this program.

_____ I understand that food type and quantity depend on donations, **food brands may vary** and **may cause stomach upset**, and special or prescription diets are not provided through this program.

_____ I **commit to daily care of my pets** - providing exercise, food, fresh water, and shelter.

_____ I will **not use my pets for breeding, fighting, or any illegal activities**. I understand that if there is evidence or reasonable concern of abuse or neglect, MCHA may contact authorities & may ban me from MCHA's programs & services.

_____ I will **not resell food or supply items** from MCHA.

_____ I attest that the information I have provided is true.

_____ I understand **failure to follow these requirements** and conditions may result in **removal from the program**.

Name: _____ Date: _____

Signature: _____