

Rules for Food Pantry

Hours Tuesday-Friday 12pm -6pm

Saturday 12pm-4pm

The Almost Home Humane Society recently received a generous grant from the Community Foundation of Lafayette to assist with pet food for our pantry.



Leading Philanthropy ~ Enriching Lives

- 1. Must be a Tippecanoe County resident.**
- 2. Must have a valid Government issued ID.**
- 3. Must have 2 forms with proof of current address.
(If ID does not have the correct address you will need 2 forms of correct address)**
- 4. Must reapply every 4 months of use.**
- 5. We cannot guarantee or promise your eligibility or the availability of assistance.**

AHHS Pet Food Assistance Form and Waiver

Do you live in Tippecanoe County? Yes No

Please write your current address information below.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Driver's License Number: _____ Date of Birth: _____

How Did You Hear About Our Pet Pantry? _____

Please list all of your current pets:

Species	Breed	Sex	Age	Weight	Spayed or Neutered?	Vaccines Current?	Years Owned	Microchipped?
Dog Cat					Yes No	Yes No		Yes No
Dog Cat					Yes No	Yes No		Yes No
Dog Cat					Yes No	Yes No		Yes No
Dog Cat					Yes No	Yes No		Yes No
Dog Cat					Yes No	Yes No		Yes No
Dog Cat					Yes No	Yes No		Yes No

Please read the following statements then write your initials next to each statement to indicate that you have read and understand these statements. Your signature below will indicate that you accept and agree to the following terms and conditions.

_____ I understand that only one pet food assistance application is permitted per household and that AHHS reserves the right to deny food to anyone under any circumstances.

_____ I understand that AHHS pet food assistance is intended as temporary assistance and is not a permanent supply of food for applicants. Therefore, an applicant may only receive food once every 1 month.

_____ I hereby certify that due to my current circumstance I am in need of assistance to feed my pet.

_____ I understand any additional animals is my responsibility and will not be added to my application for assistance.

I understand that the pet food given to me is not endorsed by the Almost Home Humane Society (AHHS) and that AHHS has made no guarantees about the nutritional value of the pet food given to me.

On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless AHHS and its agents, servants, board of directors, and employees from any and all claims, causes of action, or demands of any nature or cause, including cost of attorney fees, arising out of or relating to receiving pet food from AHHS, including, but not limited to illness or injury to my pet. By signing your name below, you are acknowledging that you understand and agree to the guidelines and statements above.

Applicant Signature: _____ Date: _____

Monthly Checklist

Date: _____ Time: _____

Applicant Signature: _____ Staff Signature: _____

Date: _____ Time: _____

Applicant Signature: _____ Staff Signature: _____

Date: _____ Time: _____

Applicant Signature: _____ Staff Signature: _____

Date: _____ Time: _____

Applicant Signature: _____ Staff Signature: _____



FOR AHHS USE ONLY

AHHS Representative _____ Date Application Received: _____

Address Confirmed - Within Tippecanoe County (Staff Initials) _____

APPROVED

DENIED