



Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Card Number (to
be filled out by
Animal Humane): _____
If you lose your card, you will be charged \$5 to replace it. This card is required to obtain food at the Pet Food Party.

There is a \$1 donation per visit to cover our overhead costs. You may come once per week, on Sunday or Thursday, but not both days.

Pets

Number of _____ Number
Dogs: _____ of Cats: _____

Proof of Income
(initials by Animal
Humane): _____ Date: _____

Proof of
Spay/Neuter
(initials by Animal
Humane): _____ Date: _____

How did you hear about us? (Check all the apply)

Social Media ☐

Friends/Family ☐

Flyers ☐

Animal Humane New Mexico ☐

Other _____ ☐



Animal Humane Pet Food Pantry Waiver

Animal Humane's Pet Food Pantry is intended to be a supplemental source of food for pet parents who are going through financial hardship. We are here to help keep pets that have been a part of your family in your home.

The pet food received at Animal Humane's Pet Food Pantry is donated from outside sources. We give what we have. We cannot guarantee any brand or type of pet food. All of our food is donated, and it comes from many places and in many brands. Donated food is mixed together and put into Animal Humane labeled bags. To ensure fairness so that pet food goes to the most people possible, we portion out the pet food.

- Food is distributed on **Thursdays and Sundays from 10am until 12pm** at the Pet Food Pantry located at 615 Virginia St. SE.
- Recipients must have a valid (laminated) Pet Food Pantry card when picking up food.
- Recipients are limited to one bag of dog food and/or one bag of cat food per week.
- Pet food provided is solely for the card holder's pets and is not to be sold or given away.
- Recipients are requested to give \$1 donation per visit.
- All recipients' pets must be spayed/neutered. Animal Humane will provide information on low-cost spay/neuter programs, if necessary.
- Income reverification will be required every six months.
- Animal Humane Pet Food Pantry reserves the right to limit or deny food assistance.
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By signing this waiver, I _____ acknowledge the risk associated with receiving pet food from Animal Humane's Pet Food Pantry. I release, discharge, indemnify, and hold harmless Animal Humane, its officers, directors, employees, and volunteers from any and all claims of responsibility or liability for a pet's illness or injury from receiving pet food from the Animal Humane Pet Food Pantry.

Date _____

Signature _____

Print Name _____

Animal Humane Pet Food Pantry ID number _____