



4944 Franklin Avenue Ste. N, Des Moines, Iowa, 50310
 515-727-4738 (24 Hour Line) info@tppm.org
Open Saturdays 9 a.m. – 2 p.m.

Pet Pantry Application

Client information

Name _____
 Street Address _____
 Street Address (line 2) _____
 City _____ ZIP _____
 Phone _____ Alternate phone _____
 Email _____

Annual gross household income

\$0 - \$9,999
 \$10,000 - \$19,999
 \$20,000 - \$29,999
 \$30,000 - \$39,999
 \$40,000 - \$49,999
 \$50,000 +

Household size
 _____ Adults
 _____ Children

Do you have transportation?
 Yes No

Veteran status for you or a household member?
 No Yes (list name)

Reason for financial need

Reduced income Unemployed Disability Other (explain below)

Pet information

Special foods. Needs due to issues such as diabetes, obesity, and allergies require a veterinarian letter.

Pet name	Species/breed	Sex	Age	Weight	Spayed/ neutered	Food notes
					Y / N	
					Y / N	
					Y / N	
					Y / N	
					Y / N	



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					Y / N	
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Liability/signature

The information you provide is used only to determine your eligibility for pet food and supplies and will not be shared with any third party. All information must be completed to get assistance. **Incomplete or illegible applications will not be processed.**

Signing below confirms that you have read and agreed to the following, including the complete list of rules and limitations found on page 3.

- I understand that the pet food and supplies received through The Pet Pantry/The Pet Project Midwest have been donated by manufacturers and individuals and are not for sale to the public. Therefore, I agree to use these products for my personal pet(s) only and will not re-sell these products to any person(s) or business(es).
- I understand that I must not feed this pet food to cattle or other ruminants.
- I understand and agree that The Pet Pantry/The Pet Project Midwest makes no warranties as to the pet foods and supplies and does not assume any liability and/or guarantee for these pet food supplies in any way.
- I understand that I am agreeing to all of **The Pet Pantry Rules and Limitations listed on page 3** of this form.

Signature _____

Date _____

Application must be signed and dated to be accepted.

Continued support in special circumstances: Continued support may be available for individuals with permanent, serious disability and for documented service pets (after verification of need or pet service status). See staff for additional and documentation requirements.

Pet Pantry Rules and Limitations

The Pet Pantry provides donated pet food and supplies on a temporary basis to families experiencing financial difficulties. By signing the Pet Pantry Application, participants are agreeing to the following rules:

- Food/supply limitations**
 - Participants receive assistance for up to five (5) consecutive months.
 - The amount of food participants receive is based on veterinarian recommendations for the pet's breed, age, and ideal weight.
 - TPPM caps the amount of pet food given per household (see staff for current cap), but if inventory levels dip low, Pet Pantry will help more people by giving less food.
 - The program is available to one applicant per household only.
 - TPPM can deny any application for any reason.

- Pet owner rules**
 - You must live in the Greater Des Moines Metro area.
 - You must have owned the pet(s) you listed on the original application for at least six (6) months.
 - You may not add additional pets to your original application.
 - You must be at the TPPM office each month to pick up your food. If you miss two consecutive pick-up days, you will be dropped from the program.
 - Your household must follow the Des Moines limits for number of pets, which is currently a maximum of six (6) pets.
 - Contact TPPM if you no longer need assistance during your eligible period so we can help another household.
 - If staff finds evidence of abuse or deception such as lying about pets or selling or trading food, you will be immediately and permanently removed from the program.

- Pet requirements**
 - Pet age must be eight (8) months or older.
 - Pet must be spayed/neutered by the second month of participation in the Pet Pantry program. You must provide proof of this from your veterinarian.

- Application requirements**
 - Photo ID and proof of address. A photocopy is acceptable for mailed applications.
 - Phone number. If you don't have a phone number, provide one for someone who sees you regularly.
 - Email address or alternate phone number in case your primary number becomes inactive.
 - Documentation for proof of spay/neuter provided by veterinarian and special food needs, if applicable.
 - Two consecutive attempts will be made to contact you **by phone**. After two unsuccessful attempts you will no longer be eligible and cannot reapply.
 - We have the right to inspect your home and meet your pet(s) before accepting you.