



Roxy's Pantry

608 10th St. Fort Madison, IA 52627 (319)372-4193

Client information

Name _____

Street Address _____

Street Address (line 2) _____

City _____ ZIP _____

Phone _____ Alternate phone _____

Email _____

Household size

_____ Adults

_____ Children

Do you have transportation?

_____ Yes _____ No

Veteran status for you or a household member?

_____ No _____ Yes (list name)

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 +

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	Gender	Age	Weight	Spayed/ neutered	Food notes
					Y / N	
					Y / N	
					Y / N	
					Y / N	
					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 Roxy's Pantry 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 Roxy's Pantry 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 Roxy's **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.

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PET PANTRY RULES AND LIMITATIONS

Roxy's 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.
- Roxy's 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.
- Roxy's can deny any application for any reason.

Pet owner rules

- You must live in the North Lee County, IA, 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 Roxy's 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 Lee County limits for number of pets, which is currently a maximum of six (6) pets.
- Contact Roxy's 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.