

HUMANE SOCIETY OF TAMPA BAY, INC.

3607 N. Armenia Ave Tampa, FL 33607



RECIPIENT APPLICATION

THE HUMANE SOCIETY OF TAMPA BAY IS CONCERNED THAT SOME CITIZENS IN OUR COMMUNITY ARE NOT ABLE TO OBTAIN FOOD FOR THEIR PETS DUE TO FINANCIAL OR MOBILITY LIMITATIONS. THE ANIMEALS PROGRAM ALLOWS US TO DELIVER FREE DOG AND CAT FOOD TO THESE CITIZENS EACH MONTH. PET FOOD WILL BE DELIVERED THE 1ST SATURDAY OF THE MONTH UNLESS OTHERWISE STATED ON CALENDAR.

NAME _____

ADDRESS _____
STREET CITY ST ZIP

ADDRESS 2 _____
APT COMPLEX NAME & APT NUMBER OR MOBILE HOME PARK NAME & LOT NUMBER

HOME PHONE _____

ALTERNATE CONTACT _____
NAME PHONE

REASON FOR APPLYING: LIMITED MOBILITY
 FINANCIAL: HOUSEHOLD MONTHLY INCOME _____

HOW DID YOU HEAR ABOUT US? _____

NUMBER OF INDOOR DOGS: LARGE DOGS: _____ SMALL DOGS: _____

NUMBER OF OUTDOOR DOGS: LARGE DOGS: _____ SMALL DOGS: _____

NUMBER OF INDOOR CATS: _____

NUMBER OF OUTDOOR CATS: _____

ARE PETS SPAYED/NEUTERED? _____

IF NOT PLEASE DESCRIBE REASON NOT

SPAYED/NEUTERED: _____

ARE ALL PETS UP TO DATE ON VACCINES?: _____

NAME AND PHONE NUMBER OF VETERINARIAN: _____

DO YOU HAVE TRANSPORTATION?: _____

DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE A VEHICLE? _____

AVERAGE MONTHLY HOUSEHOLD INCOME: _____

PLEASE CIRCLE ANY PROGRAMS THAT YOU ARE CURRENTLY ON:

SOCIAL SECURITY WORKERS COMPENSATION MEALS ON WHEELS DISABILITY SSI

OTHER: _____

PLEASE ATTACH PROOF THAT YOU ARE ON ANY OF THESE PROGRAMS AND HOW MUCH INCOME YOU RECEIVE FROM EACH

BY SIGNING THIS APPLICATION, YOU ARE AGREEING TO ABIDE BY THE ANIMEALS PROGRAM GUIDELINES.

Signature: _____ Date: _____

If you have any questions or concerns please contact Lon Savini at 904-894-0139 or Lons@humanesocietytampa.org. Please send the completed application to: Animeals, Humane Society of Tampa Bay, 33607 N. Armenia Ave, Tampa, FL 33607.