

## Pet Food Bank Information

### Donor information:

To donate pet food, please leave your donation marked for *Lincoln Animal Ambassadors* at:

Cause for Paws  
5700 Old Cheney Road, Suite #4  
Lincoln, NE

Please include your name and address with your donation so a receipt can be mailed to you.

Cash donations are also accepted and may be sent to:

Lincoln Animal Ambassadors  
P.O. Box 67072  
Lincoln, NE 68506

Please make checks payable to **Lincoln Animal Ambassadors** and designate “Pet Food Bank” on the memo line.

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### To receive temporary assistance from the Pet Food Bank, please read the following:

Lincoln Animal Ambassadors’ (LAA) Pet Food Bank attempts to help, on a **temporary basis**, pets in need. However, our ability to assist depends on the donations we receive. We cannot guarantee we will always be able to fill all requests. LAA is an all-volunteer organization; therefore our ability to assist is limited to our volunteers’ availability.

### Requirements to accept pet food from this program on a temporary basis:

- Complete the attached application
- Present current drivers license or ID when accepting pet food
- Sign the following agreement
- Abide by the agreement you signed

Pet food can be received by an individual one (1) time every thirty (30) days. You may apply for more than one (1) pet at that time, however.

To obtain an application to receive pet food, contact us at [info@lincolnanimalambassadors.org](mailto:info@lincolnanimalambassadors.org) or call 402.817.1168.

### Pet Food Pickup Locations:

Days and times for pickup will vary according to volunteer and location availability.

Cause for Paws  
5700 Old Cheney Road, Suite #4  
Lincoln, NE

St. Matthew’s Episcopal Church  
2325 S. 24th Street  
Lincoln, NE



Proactive Involved Progressive Compassionate  
www.lincolnanimalambassadors.org

## Pet Food Bank Recipient Agreement for Temporary Assistance

I agree to complete the Lincoln Animal Ambassadors (LAA) Pet Food Bank application completely and honestly.

I agree that all pet food I receive from the LAA program will be used for my pets only as listed on my application.

I agree that if my pets are not spayed or neutered, I will work toward getting them altered as soon as possible.

I agree that my pets will not be used for breeding purposes or illegal acts.

I agree that I will supply my pets with food and fresh water every day.

I agree not to tether or chain my dog 24/7.

I agree that if my pets are not current on their vaccinations, I will work toward getting them current as soon as possible.

I agree to attend to my pets' medical needs in a timely manner if they are in need of the same.

I agree, when I am financially able, to donate back to the *Lincoln Animal Ambassadors Pet Food Bank* so others can benefit from this program.

I agree to tell my friends and neighbors about the *Lincoln Animal Ambassadors Pet Food Bank Program* so they can assist with donations and tell others about this program.

**I understand that receiving pet food assistance from LAA's Pet Food Program is temporary assistance and that I will need to actively work on a plan to support my pets.**

**I understand that after receiving pet food assistance for three (3) consecutive months, I will be asked to give back to my community with some form of volunteer activity and will need to provide proof of my volunteer activity before receiving further pet food assistance.**

**I understand I will be required to pick up pet food donated to me at specific locations and times.**

By signing below, I am indicating that I agree with and understand the above.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Pet Food Bank Application for Temporary Assistance

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you employed?  Yes  No  Temporary lay-off

If employed, where: \_\_\_\_\_

Where did you get this application: \_\_\_\_\_

Below please list information about your pet(s).

Pet Name	Pet Type	Weight	Age	Spayed/ Neutered?	Vaccinations Current?	Licensed?

Do you have a veterinarian that your pet(s) normally see?  Yes  No

If so, who is your veterinarian? \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: When application is completed you MUST CALL 402.817.1168 and leave a voice mail to arrange to pick up food for your pet(s).**

**Bring your *Pet Food Bank Application for Temporary Assistance* when you pick up your first pet food donation.**