



# SNKC Pet Food Pantry Application

The following information is needed before we are able to process your application for pet outreach:

- ✓ Proof of income dated within 2 weeks.

*\*\*Attention: If you receive government assistance we will still need proof dated within two weeks. If there is no income due to job loss, we will need proof of unemployment approval or denial.*

Copy of your photo ID

- ✓ Proof that your pet(s) have been altered

*\*\*Attention: Exemptions will be made at the discretion of SNKC*

**\*\*Please note: If you are approved for pet outreach assistance, you will be required to have your pet(s) current on rabies vaccination, city licensing (based on location) and micro-chipped within 90 days of the approval date. These services are provided at our clinic.**

Thank You,

David Shapiro

Pet Food Pantry Coordinator/Outreach Field Specialist

1116 E. 59th St. Kansas City, MO 64110

Phone: (816)353-0940

Fax: (816)523-0887

# Pet Food Pantry Application

Account # \_\_\_\_\_

Your Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State. Zip: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Part 1: Other members of the household:

Name	Date of Birth	Phone Number: (If different from above)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Part 2: Please list ALL pets in the household. (Including any *outside* animals you are feeding)

Pets Name and Species	Breed	Color	Age	Sex	Fixed	Weight

How did you acquire your pet(s)? Breeder Pet Store Stray Friend Rescue Other \_\_\_\_\_

Does your pet live inside, outside or both? \_\_\_\_\_

## Part 3: Total Household Gross Income

Work: \$ \_\_\_\_\_ How often: \_\_\_\_\_  
 Pensions, retirement, Social Security: \$ \_\_\_\_\_ How often: \_\_\_\_\_  
 Welfare, Child Support: \$ \_\_\_\_\_ How often: \_\_\_\_\_  
 Food Stamp: \$ \_\_\_\_\_  
 Rent/Mortgage cost: \$ \_\_\_\_\_  
 All other income: \$ \_\_\_\_\_ How often: \_\_\_\_\_  
**Total Income:** \$ \_\_\_\_\_ How often: \_\_\_\_\_

Other Assistance: \_\_\_\_\_

***I certify (promise) that all information is true, and that all income is reported. I understand the income will be verified with appropriate parties. I understand that if I falsify any information my pets will lose assistance, and I may be prosecuted.***

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### OFFICE USE ONLY:

Annual Income: \_\_\_\_\_ Household Size: \_\_\_\_\_ # of Pets \_\_\_\_\_ Date reviewed: \_\_\_\_\_  
 Accepted: \_\_\_\_\_ Denied: \_\_\_\_\_ Staff Initial: \_\_\_\_\_  
 If denied- please explain: \_\_\_\_\_

# **PET FOOD PANTRY PROGRAM**

## **RULES AND GUIDELINES**

\*\*Although we do not sell food or other pet supplies, donations may be required in order to continue providing assistance for our Pet Outreach Program.

**\*\*Please read and initial each line indicating that you understand each statement\*\***

I, \_\_\_\_ understand that the head of household must apply. By initialing this I am stating that I am head of household. I understand that there may be ONLY ONE account per family.

I, \_\_\_\_ understand that my application will be reviewed by a Spay & Neuter Kansas City (SNKC) representative prior to qualifying for our Pet Outreach program.

I, \_\_\_\_ understand that the following forms of acceptable identification **MUST** be presented to SNKC and be dated within two weeks of the application date: State Issued Photo ID and proof of income or government assistance.

**\*\*If you receive government assistance we will still need proof dated within two weeks. If there is no income due to job loss, we will need proof of unemployment approval or denial**

I, \_\_\_\_ understand that ALL pets in the household must be spay/neuter. **PROOF IS REQUIRED.**

I, \_\_\_\_ understand that each pet on SNKC's pet food pantry program is required be current on rabies vaccination, city licensing (based on location) and micro-chipped within 90 days of receiving this letter and if this is not completed within the required time frame I will be removed from the program.

I, \_\_\_\_ understand that I am not to take ownership of any other animals while on this program and if I do so I will be remove from the program.

I, \_\_\_\_ understand that I am only allowed to have one person other than myself authorized to pick up food for me.

I, \_\_\_\_ understand that I will be issued a Pet Outreach Program card. The card MUST be present by an assigned account holder each time assistance is needed. I understand that if my card is lost or stolen I will pay a \$10.00 replacement fee or I will not be able to receive pet food assistance.

I, \_\_\_\_ understand that I will be issued a Pet Food Pantry Program food container. The container(s) MUST be present by an assigned account holder each time assistance is needed. I understand that if my container is lost, stolen, or damaged I will pay a replacement fee (\$3.00 lid, \$3.00 container) or I will not be able to receive pet food assistance

I, \_\_\_\_ understand that all requests for assistance are limited to ONE request per month according to availability. I understand that the amount of donations received varies, and therefore I may not receive the same amount of food each month.

I, \_\_\_\_ understand that all requests for assistance are limited, and SNKC is here to provide assistance with feeding my pet(s) and will not be responsible for being the lone food provider.

I, \_\_\_\_ understand accounts are active for one year from date of approval and I will be required to reapply once each year is up. (Including proof of income, copy of ID, proof that pet(s) are spayed/neutered)

I, \_\_\_\_ understand that a phone interview is required before approval.

I, \_\_\_\_ understand that I am aware of the dates and times for the pet food pantry If I show up outside of the designated dates and times listed I will not receive assistance and will be required to return on the designated dates and times.

I, \_\_\_\_ understand No one in the household is to resell food or items provided by the Pantry. If SNKC finds out the food or item(s) were resold, the household and all members involved will be banned from assistance indefinitely.

I, \_\_\_\_ understand that SNKC accept all kinds of pet donations. By accepting pet food/cat litter/pet items/ or services from the Pet Food Pantry, the recipient, all household members, their friends and family agree not to hold SNKC, the Pet Food Pantry, its staff, volunteers, and benefactors legally liable in the unfortunate event the recipient's pet(s) becomes ill or the food upsets the pet's stomach.

I, \_\_\_\_ understand that when one receives pet food from the Pantry, they are made aware of the potential risks involved with feeding their pet(s) a new food, since it's unlikely the pet food received is the recipient's usual brand(s).

I, \_\_\_\_ understand that I will not misuse this program. If I am seen abusing it I will be removed. Abuse of the program defined by, but not limited to; sharing account cards with unauthorized users, accepting food or items the owner is able to afford, giving food/items to others, reselling food/items or using multiple accounts

**I, \_\_\_\_ understand I will be terminated from the program for being rude or disrespectful to any staff member. Please understand that we are not a government assistance program, we are not required to assist you and we are based solely off of donations. This means that we may not be able to help with all of your needs. All assistance is given on a case by case basis, even when you are approved for the program. Spay & Neuter Kansas City (SNKC) reserves the right to revise, alter or otherwise change any and/or all components of the Pet Outreach Program rules & guidelines without notice to participants.**

By signing below I am stating that I am aware of the rules and regulation for the Pet Food Pantry, and will comply with the regulations, a violation of any of these regulations could result in my termination from the program

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ today's date: \_\_\_\_\_

**Office Use Only**

**Interviewed by:**

Staff Name: \_\_\_\_\_ Sign: \_\_\_\_\_ date: \_\_\_\_\_ Time \_\_\_\_\_