

Pet Food Assistance Contract (Community/Feral Colonies)

Thank you for contacting the Pet Food Pantry. Please answer the following questions truthfully; all information given is kept strictly confidential. Any false information may result in disapproval of the application and assistance will be denied. Incomplete applications will not be processed. Please allow up to 2 weeks for review and processing.

As a client of the Pet Food Pantry, I understand and acknowledge the following terms of this program by ***initialing*** each blank:

- Residents of **Johnson County (KS), Jackson County (MO) and Wyandotte County (KS)** are eligible for this program and must provide proof of residency. Food is distributed per household. If individual family members attempt to get food for the same pets or outdoor cats, they will be revoked from the program.
 - All outdoor community cats must be spayed/neutered to qualify, and you must provide proof in order to receive food. Our staff can talk you through the Trap-Neuter-Return process. We offer a discounted spay/neuter, rabies vaccination, ear tipping package to those cats that arrive for the appointment in a feral cat trap. ****Live, humane traps can be borrowed at no charge, but require a \$70 refundable deposit per trap (check or credit card accepted for deposit).** Traps can be borrowed from the **Veterinary Care Center, Tuesday through Friday, 10a – 5:30p.** Please call to verify availability.
 - Food for the Pet Food Pantry is donated from a variety of sources so cannot guarantee the freshness, quality or safe consumption of the food. And, because we do rely on donations, we cannot guarantee availability and will provide available food on a first come, first served basis (**based on call confirmation order**).
1. I, _____, understand I will need to provide colony data to establish details on how many outdoor colony cats are in our community.
 2. I, _____, understand the food provided is available solely based on donations and the Pet Food Pantry cannot guarantee amounts available month to month. Because of this, I understand if my current financial situation improves such that I'm no longer in need of participation in the program, I am obligated to withdraw from the program so that those most in need may participate.
 3. I, _____, understand that the Pet Food Pantry has the right to deny my application.
 4. I, _____, understand that failure to abide by the above terms can result in my participation being revoked. I also understand that any pushy, rude or inappropriate behavior to any staff member or volunteer will result in termination of my participation in the program.

I certify that the information I have provided on this application is true and complete and that giving false or incomplete information may result in the disapproval of this application and disqualification of future applications; I understand and agree to all provisions listed above (1 through 4).

Last Name:		First Name:	
Address:		City, State:	Zip:
Cell:	Work:		Home:
E-mail:			
How did you hear about the Pet Food Pantry?			
Do you have a regular vet? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of clinic.	

Have you received assistance from a pet food pantry before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Where?
If from us, since when? (MM/YY)	

Number of people in household?	Monthly household income?
Any Public Assistance? (e.g., SSI/Disability, Unemployment, Food Stamps, Medicaid) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list all:	
Brand of Food cats currently eating:	
Designate Up to (2) Pick Up Alternates:	
Signature of Applicant:	

Mail To: **Great Plains SPCA**, Attn: Pet Food Pantry, 5428 Antioch Drive, Merriam, KS 66202
913-808-3368 | www.greatplainsspca.org | lroste@greatplainsspca.org

Spay and Neuter KC – in KC, MO – Attn: Pet Food Pantry, 1116 E 59th St, Kansas City, MO 64110
in KC, KS – Attn: Pet Food Pantry, 3722 State Ave, Kansas City, KS 66102
816-353-0940 | <https://snkc.net> | snkc@snkc.net

Office Use Only

Staff Name:		Date:	
Documents Verified: <input type="checkbox"/> Spay/Neuter <input type="checkbox"/> Valid ID			
Approved: <input type="checkbox"/>	Pending: <input type="checkbox"/>		Declined: <input type="checkbox"/>
			Reason for Disapproval or Pending:

Name	Description	Friendly or Feral	Sex (M/F)	Age (if known)	Eartipped		Spayed/ Neutered		Documents Verified by Staff (initial)
					Yes	No	Yes	No	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PLEASE PROVIDE DOCUMENTATION OF SPAY/NEUTER FOR THE ABOVE CATS
TO BE VERIFIED BY A STAFF MEMBER**