

Pet Food Pantry Assistance Application

Thank you for contacting us regarding 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:

1. I, _____, am the pet's owner and am 18 years old or older.
2. I, _____, understand that only 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 at this same address, they will be revoked from the program.
3. I, _____, understand that while receiving financial assistance is not a requirement, it is heavily encouraged as a means of additional support.
4. I, _____, agree to fill out a new application if I: a) move, b) my financial situation changes, or c) if the number of pets in my household changes.
5. I, _____, **understand that to qualify for the program, ALL pets 6 months of age or older in the household must be altered (spayed/neutered). Exceptions will be made only for medical reasons. If not spayed/neutered, I will make an appointment for spay/neuter with a vet prior to my first visit to the Pet Food Pantry. If spayed/neutered, I will provide documentation before I receive food.**
6. I, _____, understand the food provided is available solely based on donations and the Pet Food Pantry cannot guarantee amounts available month to month. I further understand that I may participate, once approved, for twelve consecutive months and then will be asked to reapply.
7. I, _____, understand food will be provided for up to four pets and is intended to supplement my pet food supply. If I have more than four animals, it is my responsibility to determine how to allocate the food I receive.
8. I, _____, understand the food provided may not be my pet's current brand, which may upset my pet's stomach. I will not hold the Pet Food Pantry, it's staff, volunteers or benefactors legally liable in the unfortunate event my pet(s) become ill or the food upsets the pet(s)' stomach.
9. I, _____, agree **not** to resell the pet food received from the Pet Food Pantry.
10. I, _____, understand that the Pet Food Pantry has the right to deny my application.
11. I, _____, understand that failure to abide by the above terms can result in my participation being revoked. I also understand that any pushy or rude behavior to any staff member or volunteer will result in termination of my participation in the program.

Would you allow us to take photos of your pet(s) or you and your pet(s) to be used in advertising or other publication? If yes, by signing below you agree to relinquish all rights for monetary gain and compensation. Yes No

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 11).

Name of Applicant (Please print clearly):

Signature of Applicant:

Date:

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

Last Name:	First Name:	County:
Address:	City, State:	Zip:
Cell:	Work:	Home:
E-mail:		
How did you hear about the Pet Food Pantry?		

Please list each pet below:		Maximum of Four Pets Per Household					Documentation Verified by Staff (initial)
Name	Type/Breed	Sex (M/F)	Approx. Year of Birth	Approx. Weight in Pounds	Spayed/Neutered 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"/>	

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

Do you have a regular vet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of the vet 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? (M/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 pet(s) currently eating:	
Designate Up to (2) Pick Up Alternates:	

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"/>
If Approved, Range (12 months) of Assistance will be: Beginning Month/Year _____ Ending Month/Year _____	Reason for Disapproval or Pending:

