



FEEDING KANSAS CITY'S PETS... TOGETHER

SNKC MO: 1116 E. 59th Street KCMO 64110

GP Independence: 21001 E. MO 78 Hwy Independence MO 64057

SNKC KS: 3722 State Avenue KCKS 66102

GP Merriam: 5428 Antioch Dr. Merriam KS 66202

The following information is needed before we can process your application:

- Copy of your photo ID
- Proof your pet(s) have been spayed/neutered

***If your pets are not fixed you will not be accepted into the program. If you are unable to afford this surgery, please let us know and we will try to assist you.

If you are approved for the Pet Food Alliance, you will be required to have your pet(s) current on rabies vaccination within 90 days of the approval date. It is highly encouraged to have your pet microchipped. These services are provided at our clinics. Any false information may result in denial of the application. Incomplete applications will not be processed. Please allow up to 2 weeks for review and processing.

Thank you,

Pet Food Alliance Coordinators

petfood.kc@gmail.com, 913-808-2872

The Pet Food Alliance is made possible through donations, grant funding, and the collaborative efforts between Spay and Neuter Kansas City and Great Plains SPCA.

Pet Food Alliance Application

Account # _____

Your full name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Email address: _____

How did you hear about us? _____

Part 1: Please list ALL pets in the household (Maximum of four pets per household)

Pet's name	Breed	Age	Sex	S/N?	Weight	Document Verified (Staff Initial)

Part 2: The following are our rules and guidelines for the Pet Food Alliance. Please read and initial each line indicating that you understand each statement and will adhere to the rules set forth:

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

I, ____ understand that my application will reviewed by a Pet Food Alliance (PFA) representative prior to qualifying for the Pet Food Alliance.

I, ____ understand that **ALL** pets in the household must be spayed/neutered. **PROOF IS REQUIRED.**

I, ____ understand that each pet on the Pet Food Alliance must be current on rabies vaccination. It is highly encouraged to have your pet microchipped. All locations offer these services. Failure to not be up to date on the rabies vaccination could cause removal from the program.

I, ____ understand that I am not to take ownership of or harbor any other animals other than those currently listed while on this program, and if I do so, I will be removed 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 Food Alliance card. The card **MUST** be presented by an assigned account holder each time assistance is requested. If I do not have my PFA card, I understand a valid photo ID is acceptable.

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

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.

I, ____ understand that accounts are active for one year from the date of approval and I will be required to re-apply (including copy of ID) once each year is up.

I, ____ understand and am aware of dates, times, and locations for the Pet Food Alliance Program. 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 that PFA accepts all kinds of pet donations. By accepting pet food, cat litter, pet items, or services from the Pet Food Alliance I, and all household members, including their friends and family, agree not to hold the Pet Food Alliance, its staff, volunteers, agents and or assignees legally liable in the unfortunate event that the recipient's pet(s) become ill or the food upsets the pet's stomach.

I, ____ agree that I will not misuse this program. If I am seen abusing the Pet Food Alliance, I will be immediately removed. Abuse of the Pet Food Alliance is defined by but not limited to, sharing account cards with unauthorized users, accepting food or items that the owner is able to afford, giving food/items to others, reselling food/items, using multiple accounts, and/or compromising the availability of goods for other clients.

I, ____ understand that I will be terminated from the Pet Food Alliance for being rude or disrespectful to any staff member or volunteer of the Pet Food Alliance.

***Pet Food Alliance (PFA) reserves the right to revise, alter, or otherwise change any/or all components of the Pet Food Alliance Rules & Guidelines with or without notice to participants.*

By signing below I am stating that:

→ I understand the rules and guidelines for the Pet Food Alliance, and I will comply with all clauses listed herein. A violation of any of these regulations could result in my termination from the program.

→ The information provided by me in this application is correct and true. Providing false information may result in my removal in the Pet Food Alliance.

Your first and last name (please print): _____

Your signature: _____ **Date:** _____

PET FOOD ALLIANCE -- OFFICE USE ONLY

Date application received: _____ Date application reviewed: _____ Staff initials: _____

Please check one: Accepted Denied

If denied, please explain: _____