

1116 E. 59<sup>th</sup> St.  
Kansas City, MO. 64110  
816-353-0940

3722 State Ave.  
Kansas City, KS. 66102  
913-662-2005



## **Pet Food Pantry Application**

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

✓ **Proof of income dated within 2 weeks**

*\*Attention: if you receive government assistance, we need proof of government assistance for the current year. If there is no income due to job loss, we will need proof of unemployment approval or denial, and/or a letter signed and dated by you indicating your current situation and unemployment.*

✓ **Copy of your photo ID**

✓ **Proof that 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 Pantry Program, you will be required to have your pet(s) current on rabies vaccination, city licensing (based on location), and microchipped within 90 days of the approval date. These services are provided at our clinic.*

**Thank You,**

**Ramona Hayes**

**Pet Food Pantry Coordinator/Outreach Field Specialist**

Phone: (816) 353-0940 ext. 10

Fax: (816) 523-0887

# Pet Food Pantry Application

Account

# \_\_\_\_\_

Your full name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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)

Pet's name and species	Breed	Color	Age	Sex	Fixed	Weight
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How did you acquire your pet(s)? Breeder Pet store Stray Friend Rescue Other \_\_\_\_\_

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

## Part 3: Household Income and Expenses

Circle one:

Work (salary)	\$ _____	<i>Weekly Bi-weekly Monthly</i>
+ Pensions, retirement, Social Security:	+ \$ _____	<i>Weekly Bi-weekly Monthly</i>
+ Welfare/child support received:	+ \$ _____	<i>Weekly Bi-weekly Monthly</i>
+ Food stamps:	+ \$ _____	
+ All other income	+ \$ _____	<i>Weekly Bi-weekly Monthly</i>
- Child support paid:	- \$ _____	<i>Weekly Bi-weekly Monthly</i>
- Rent/mortgage cost per month:	- \$ _____	

**Total income:**

**\$ \_\_\_\_\_**



# Pet Food Pantry Rules and Guidelines

**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 the 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 and Neuter Kansas City (SNKC) representative prior to qualifying for the Families Better Together™ Pet Food Pantry Program.

I, \_\_\_\_ understand that my application will not be approved (or once approved I may not receive assistance) if I have an outstanding balance with Spay and Neuter Kansas City (SNKC).

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 spayed/neutered. **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 microchipped within 90 days of receiving this application. 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 or harbor any other animals other 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 Pantry Program card. The card **MUST** be presented by an assigned account holder each time assistance is requested. I understand that if my card is lost or stolen I will be charged 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 presented by an assigned account holder each time assistance is requested. I understand that if my container is lost, stolen, or damaged, I will be charged 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 and according to availability. I understand that 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 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 the date of approval and I will be required to reapply (including proof of income, copy of ID, proof that pet(s) are spayed/neutered) once each year is up.

I, \_\_\_\_\_ understand and am aware of the dates, times, and locations for the Pet Food Pantry 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 no one in the household is to resell food or items provided by the Pet Food Pantry Program. If food or item(s) are resold, I, along with my household and all its members, will be banned from assistance indefinitely.

I, \_\_\_\_\_ understand that SNKC accepts all kinds of pet donations. By accepting pet food, cat litter, pet items, or services from the Pet Food Pantry Program, I, and all household members, including their friends and family, agree not to hold SNKC, the Pet Food Pantry, its staff, volunteers, agents and/or assignees legally liable in the unfortunate event that 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 Pet Food Pantry Program, they are made aware of the potential risks involved with feeding their pet(s) a new food, since it is unlikely the pet food received is the recipient's usual brand(s).

I, \_\_\_\_\_ agree that I will not misuse this program. If I am seen abusing it I will be removed. Abuse of the program is 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, using multiple accounts, and/or compromising the availability of goods for other clients.

**I, \_\_\_\_\_ understand that I will be terminated from the Pet Food Pantry Program for being rude or disrespectful to any staff member or volunteer of SNKC and Families Better Together™.**

*\*\*Spay and Neuter Kansas City (SNKC) reserves the right to revise, alter, or otherwise change any and/or all components of the Pet Food Pantry Program 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 Pantry Program, 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 financial information provided by me in this application is correct and true. Providing false information will result in my removal from the Pet Food Pantry Program.*

**Your first and last name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

## **OFFICE USE ONLY:**

**Annual income:** \_\_\_\_\_ **Household size:** \_\_\_\_\_ **Number of pets:** \_\_\_\_\_

**Date reviewed:** \_\_\_\_\_ **Staff initial:** \_\_\_\_\_

**Please check one:  Accepted  Denied**

**If denied, please explain: \_\_\_\_\_**