



Your application for our Pet Food Pantry, will be processed if your pet(s) is:

Spayed/Neutered AND up-to-date on their rabies vaccine.

Please attach a copy of your pet's current rabies certificate if not administered at Pet Resource Center of KC.

If your pet(s) is not spayed/neutered, please call 816-353-0940 to schedule a surgery appointment.

If your pet(s) is not up-to-date on their vaccines, please email outreach@prckc.org.

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 Pantry Volunteer
Coordinators

816-353-0940

Pet Food Pantry Application

Account # _____

Your full name: _____

Phone: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Mailing address the same as address listed above? If not, please provide _____

Email address: _____

How did you hear about us? _____

Part 1: Please list NO more than four pets who reside in the household.

Pet's name	Breed	Dog/Cat	Age	Gender	Spayed/Neutered?

Part 2: The following are our rules and guidelines for the Pet Food Pantry. 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 my application will be reviewed by a Pet Food Pantry (PFP) representative prior to qualifying for the Pet Food Pantry.



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

I, ____ understand that each pet on the Pet Food Pantry must be current on rabies vaccination. It is highly encouraged to have your pet microchipped. All locations offer these services. Failure for not being up to date on the rabies vaccination could cause removal 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 card. The card **MUST** be presented by an assigned account holder each time assistance is requested. If I do not have my PFP 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 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 that PFP 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 Pantry, 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 Pantry, I will be immediately removed. Abuse of the Pet Food Pantry 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 Pantry for being rude or disrespectful to any staff member or volunteer of the Pet Food Pantry. .

***Pet Food Pantry (PFP) reserves the right to revise, alter, or otherwise change any/or all components of the Pet Food Pantry 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, 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 Pantry.

Your first and last name (please print) _____

Your signature: _____ **Date** _____

We're partnering with Rose Brooks to create a safer community, so we're asking all clients the following questions:

Has anyone ever threatened harm or harmed your pets? ☐ Yes ☐ No

Has anyone ever threatened harm or harmed you? ☐ Yes ☐ No

Do you feel safe going home? ☐ Yes ☐ No

How can we safely send you information on Rose Brooks Services? ☐ Text ☐ Email ☐ At Pickup

PET FOOD PANTRY -- OFFICE USE ONLY

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

Please check one: ___Accepted ___Denied

If denied, please explain: