



You will find attached to this letter, an application to be completed for our Pet Food Pantry. We can process your pantry application for approval if your pet(s) is:

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

If your pet(s) is not spayed/neutered, please go to our website, [prckc.org](http://prckc.org) to schedule a surgery appointment.

If, Pet Resource Center of KC did **NOT** administer your pet(s) rabies vaccination, then we will need you to please attach to your pantry application a copy of your pet(s) proof of current rabies vaccination. Should your pet need up-to-date vaccines, please go to our website, [prckc.org](http://prckc.org) to make an appointment.

Please be aware, if you provide any false information, it may result in denial of the application. If your application is found to be incomplete or you do not meet the pantry requirements, we will send you a denial letter. We ask that you please allow up to two (2) weeks for review and processing.

Should you require financial assistance for any of these services, please contact [outreach@prckc.org](mailto:outreach@prckc.org).

Thank you,

Pet Food Pantry Volunteer  
Coordinators

# Pet Food Pantry Application

Account # \_\_\_\_\_

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:** For pantry approval, **ALL of your pets** must be spayed/neutered and up to date on their rabies vax. Please list **NO MORE THAN FOUR** pets who reside in the household.

Pet's Name	Breed	Dog/Cat	Age	Gender	Spayed/ Neutered	Date of Last Rabies Shot

**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 statement, I agree that I am the head of household. I understand that there may be ONLY ONE account per household.

I, \_\_\_\_\_ understand my application is to 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 assigned account holder must present this card 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 agreeing 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 I have provided in this application is correct and true. Providing false information may result in my removal from 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 \_\_\_Pending

If application is pending, please explain:

If denied, please explain:

Denial letter sent to owner: \_\_\_Yes