



Passaic County  
SPCA  
Pet Pantry

# PCSPCA Pet Pantry Project

### Contact Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Pet(s) Information

NAME (PETS)	Breed	Sex	Spay/Neuter	Age	Weight	Special Food Needs / Comments

Your pets live: Inside: \_\_\_\_\_ Outside: \_\_\_\_\_ Other: \_\_\_\_\_ Do you have a veterinarian? Yes or No

### INCOME

Family Size: Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Total: \_\_\_\_\_

\*\*\*\* ANNUAL GROSS INCOME: \$ \_\_\_\_\_

Reasons for financial need:

- Reduced Income
- Unemployed
- Disability
- Emergency Disaster Relief
- Other (explain) \_\_\_\_\_

### Interests for your pets

Are there any other programs you would be interested in for your pet(s) such as spay or neutering, rabies and distemper, micro chipping. Describe: \_\_\_\_\_

**CLIENT DISTRIBUTION FORM**

**CLIENT NAME (PRINT):** \_\_\_\_\_

ITEM	QUANTITY & DATE	QUANTITY & DATE	QUANTITY & DATE	QUANTITY & DATE	QUANTITY & DATE	QUANTITY & DATE
DOG FOOD (DRY)						
DOG FOOD (WET)						
PUPPY FOOD						
CAT FOOD (DRY)						
CAT FOOD (WET)						
KITTEN FOOD						
DOG TREATS						
CAT TREATS						
DOG TOYS						
CAT TOYS						
LITTER						
LITTER PAN						
MISC.						

**\*\*FORM MUST BE FILLED OUT EVERY SIX MONTHS**

**NOTES (Red Ink Only)**



## Passaic County SPCA Pet Pantry Guidelines for Assistance:

You agree to provide proof of income and photo I.D. when requested by the PCSPCA Pet Pantry Staff \_\_\_\_

The PCSPCA offers temporary assistance for feeding pets; we are **NOT** to be used as a permanent source of pet food. \_\_\_\_

Assistance is for six (6) months, after the time period you must reapply. \_\_\_\_

You agree not to add new pets to your household while receiving services from the pet pantry. \_\_\_\_

\*\*\*\*Should a pet be rehomed or pass away you cannot "replace" him/her\*\*\*\*

1. You agree that the pets are for companionship and not for breeding or any illegal activities and not chained, roped or tethered in the yard.
2. You **MUST** show proof of shots, spay and neutering no later than your second visit to the pantry. If animals are not spayed or neutered, the PCSPCA will help (if possible) with offering low cost option for this service. If families do not wish to have their pets spayed or neutered, they are ineligible for this program.
3. If you miss two (2) months of receiving food, you will be removed from the program and will need to reapply.
4. The PCSPCA Pet Pantry reserves the right to deny food to anyone under any circumstances or to make exceptions based on individual's need.
5. Food provided through this service may not be sold; if the PCSPCA determines that food has been resold, you will no longer be able to participate in this program.
6. Please understand that the food provided through the services may not match current brands, therefore pet(s) may experience stomach upset initially due to change in diet.

\*\*Food is limited, and our goal is to keep pets with their families and out of shelters, this program is intended for individual pet parents, NOT for individual rescuers, rescue groups or feed outdoor feral cat colonies.

The PCSPCA Pet Pantry will not be liable should your pet become sick from any food or treats distributed to you \_\_\_\_

### AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted for the Pet Pantry, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal of Pet food and support from programs.

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PCSPCA PET PANTRY REP: \_\_\_\_\_