



PCSPCA Pet Pantry

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

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)	Type (Dog/Cat)	Sex	Spay/Neuter	Age	Weight	Special Food Needs / Comments

Pets MUST be kept indoors. We do not feed outdoor pets or cat colonies.

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: _____



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 individuals 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: _____