Pet Food Assistance Application

717-983-8878 • PetPantryofLancaster@gmail.com • www.PetPantryLC.org

PROGRAM ELIGIBILITY REQUIREMENTS
Note: all dogs and cats in this program must be current with rabies shots and spayed or neutered.
Pet Pantry can help you arrange for low cost spay/neuter and shots during your application process.

To qualify for Pet Pantry's Food Assistance Program, you must:
- Have transportation to pick up food once a month (every other month if you have only one pet)
- Keep all pets on the program up-to-date with rabies shots, and produce annual written verification
- Verify income annually with tax or benefits statements for the prior year.
- Maintain healthy living conditions for your pets
- Give your pets fresh water daily
- Agree that pets are for companionship and not for breeding or any illegal activities
- Agree that you will not add more pets while on the Pet Pantry Program. Your first responsibility is to the pets you already own.
- Agree to inform Pet Pantry of any of the following changes:
    - Change in financial situation (income or expenses)
    - Change of contact information, such as address, phone number or email address
    - Death of pet
- Understand that there are risks involved with introducing a different food to a pet, and take full responsibility for this choice.
- Understand that Pet Pantry distributes food that is donated, and therefore cannot guarantee particular special foods will be available.
- Agree – along with members of my household, family members and friends – that Pet Pantry of Lancaster County, Inc., their officers, directors, member agents, employees, and volunteers shall not be held liable or responsible for any claims, liabilities, losses or damages.
- Agree to allow Pet Pantry to use any photos of you and your pet taken at Food Distribution. You must relinquish all rights for monetary gain and compensation.

If you agree to the above, sign below and then fill out the application completely and truthfully. All information is kept strictly confidential.

I certify that the information provided in this application is true, to the best of my knowledge. I understand that giving false information will result in denial of the application. I agree to all eligibility requirements listed above. **In particular, I agree once I am approved for this program, I will not obtain any new pets.** If I should acquire new pets, I will lose my eligibility based on this agreement, and will need to reapply.

Signature_____Date:_____

Include in Application:
- Spay/neuter certificate for each pet, or written verification from a veterinarian
- Current shot records for each pet (if done at Pet Pantry, give us the info to look up)
- Copy of a valid driver's license or form of ID
- Proof of income (any of the following)
    - Copy of last year's tax return (1040 front and back)
    - Social Security Benefits Statement (you should receive one annually)
    - Statement showing unemployment/low income status or disability
    - Current ACCESS benefits card
    - Please do NOT give us your bank statement or pay stubs

Mail Completed Application to: Pet Pantry of Lancaster, 26 Millersville Road, Lancaster, PA 17603
Applications missing required information will not be considered. Pet Pantry of Lancaster has the right to deny your application.

Make sure you have given us working phone numbers! We may have questions and need to reach you.
If your application is approved, we will contact you to inform you of your first pick up day.

Distribution dates are listed on the Pet Pantry website http://www.petpantrylc.org/pet-food-distributions.html
Note: A photo ID with your current address may be required at Food Distribution.

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Application Date: _____

PART 1: CLIENT INFO

Name:	
Number of people who live in your household (any age):	
List all household members (first & last names) aged 18 and over.	

Address:	City:	State: PA	Zip Code:
Phone Number 1: 717-	☐Cell ☐ Home ☐ Work		
Phone Number 2:	☐Cell ☐ Home ☐ Work		
Email:	(Email is the most efficient way for us to contact you!)		

PART 2: PET INFO

How many pets are in your household? _____   Note: We limit our program to 8 pets per household.

BREEDING OR SPORT HISTORY

Have any of your pets been used for breeding?   ☐ Yes, currently ☐ Yes, in the Past ☐ Not sure ☐ No
Have any of your pets been used for sport?   ☐ Yes, currently ☐ Yes, in the Past ☐ Not sure ☐ No
If any of your pets have been used for breeding or sport, please indicate this in their information below.

PLEASE LIST EACH DOG OR CAT WITH THEIR INFORMATION.

PET 1	☐Dog ☐Cat	Name		Gender	☐Indoor ☐Outdoor
Breed		Approx Birthdate		Approximate Weight	
☐Spay ☐Neuter Date		Rabies expiration date		Distemper expiration date	
Ever used for ☐Breeding ☐ Sport? Details:					
Any medical issues or special food needs?					

Note: Special food needs must be verified with a note from a vet. We cannot guarantee that we will have special foods available, because we distribute what is donated.

PET 2	☐Dog ☐Cat	Name		Gender	☐Indoor ☐Outdoor
Breed		Approx Birthdate		Approximate Weight	
☐Spay ☐Neuter Date		Rabies expiration date		Distemper expiration date	
Ever used for ☐Breeding ☐ Sport? Details:					
Any medical issues or special food needs?					

PET 3	☐Dog ☐Cat	Name		Gender	☐Indoor ☐Outdoor
Breed		Approx Birthdate		Approximate Weight	
☐Spay ☐Neuter Date		Rabies expiration date		Distemper expiration date	
Ever used for ☐Breeding ☐ Sport? Details:					
Any medical issues or special food needs?					

PET 4	☐Dog ☐Cat	Name		Gender	☐Indoor ☐Outdoor
Breed		Approx Birthdate		Approximate Weight	
☐Spay ☐Neuter Date		Rabies expiration date		Distemper expiration date	
Ever used for ☐Breeding ☐Sport? Details:					
Any medical issues or special food needs?					

PET 5	☐Dog ☐Cat	Name		Gender	☐Indoor ☐Outdoor
Breed		Approx Birthdate		Approximate Weight	
☐Spay ☐Neuter Date		Rabies expiration date		Distemper expiration date	
Ever used for ☐Breeding ☐Sport? Details:					
Any medical issues or special food needs?					

PET 6	☐Dog ☐Cat	Name		Gender	☐Indoor ☐Outdoor
Breed		Approx Birthdate		Approximate Weight	
☐Spay ☐Neuter		Rabies expiration date		Distemper expiration date	
Ever used for ☐Breeding ☐Sport? Details:					
Any medical issues or special food needs?					

PET 7	☐Dog ☐Cat	Name		Gender	☐Indoor ☐Outdoor
Breed		Approx Birthdate		Approximate Weight	
☐Spay ☐Neuter Date		Rabies expiration date		Distemper expiration date	
Ever used for ☐Breeding ☐Sport? Details:					
Any medical issues or special food needs?					

PET 8	☐Dog ☐Cat	Name		Gender	☐Indoor ☐Outdoor
Breed		Approx Birthdate		Approximate Weight	
☐Spay ☐Neuter Date		Rabies expiration date		Distemper expiration date	
Ever used for ☐Breeding ☐Sport? Details:					
Any medical issues or special food needs?					

OTHER PETS
If you have other pets (such as birds, guinea pigs, rabbits, ferrets, etc.), describe them here.

PART 3: VERIFICATION OF NEED
We evaluate each case individually. Our system is not based on low income, but on need.
For instance, a job loss in a two income household drastically can affect one's ability to meet their bills.

Why do you need our help? Please describe your situation.

HOUSEHOLD INCOME
All income must be declared–including wages and benefits–of every household member.

Family Member	Description of Income	Monthly Income	Annual Income
	TOTAL	$0.00	$0.00

HOUSEHOLD EXPENSES

Description	Monthly Expense	Annual Expense
Rent / mortgage		
Utilities (electric, gas, oil, water, sewer, trash, phone, internet)		
Groceries / Household		
Transportation (car payments, repairs, fuel, bus)		
Medical / Dental, including insurance		
Educational (tuition, supplies)		
Insurance (auto, rental, home, health)		
Other		
Total	$0.00	$0.00

How did you hear about Pet Pantry?

FOR PET PANTRY USE ONLY
Application Processor
☐ Approved ☐ Disapproved ☐ Pending
Reason for Disapproval / Pending