



PET FOOD DISTRIBUTION PROGRAM

MISSION

The goal of this program is to stop the surrender of pets due to the owner’s financial inability to provide care. We particularly want to help low-income seniors, the disabled, and veterans who struggle to feed an aging pet in their care. We aim to promote responsible pet care via low-cost vaccinations, spays, and neuters.

This program is designed as a temporary – not permanent – solution to help owners and their beloved pets stay together during times of financial crisis. It is designed to serve families on a first-come, first-served basis.

Our program is operated solely through the generosity and donations of good Samaritans and is not federally funded. Being dependent on donations, we do have to limit the program’s assistance to a maximum of four pets per household.

NOTE: IT IS NOT OUR MISSION to help low-income families acquire pets they cannot afford. It is not our mission to support persons in acquiring “therapy” pets. Nor is it our mission to help people feed stray, foster care, and outdoor community animals, or Trap-Neuter-Release (TNR) or feral colonies.

WHAT THE PROGRAM PROVIDES

FREE FOOD DISTRIBUTION

Held on select Saturdays from 9-11 am at the Pet Pantry parking lot.

- Kibbles are a mixture of donated foods, so that pets are less likely to react to changes in diet from month to month.
- Plastic buckets must be returned clean and dry.
- Recipients must provide their own transportation.

<http://www.petpantrylc.org/pet-food-distributions.html>

DISCOUNTED VACCINATIONS

Pets must be up-to-date on rabies vaccinations. To facilitate compliance with state law, rabies and distemper vaccinations are made available to our clients: \$7.50 each for cats and dogs.

Low-cost vaccination clinics are held periodically at our facility, That Fish Place, Drake’s, Stoltzfus Feed & Supply, etc. When scheduled, dates are posted on our **website**, in the **newsletter**, and on our **Facebook page**.

LOW-COST SPAY OR NEUTER

All pets in households on the Pet Pantry Food Assistance Program must be spayed or neutered. (Exceptions with a note from the vet.) This is for the health of your pet! We understand this may be a financial hardship, so we offer special reduced rates (listed below) for our clients.

We can help make arrangements, and set you up with an affordable payment plan if necessary. Call (717)-983-8878 to schedule.

	Neuter	Spay
Cat	\$50	\$70
Small Dog	(under 40 lbs) \$90	(under 35 lbs) \$115
Med Dog	(41-80 lbs) \$105	(36-75 lbs) \$140
Large Dog	(81-100 lbs) \$125	(76-100 lbs) \$165
XL Dog	(over 100 lbs) \$165	(over 100 lbs) \$205
Rabbit	\$50	

Prices are subject to change without notice. Reduced rate rabies, distemper, microchip, and FIV testing available at time of surgery.

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PET PANTRY FOOD PROGRAM ELIGIBILITY REQUIREMENTS

We require financial documentation to ensure that our support is going where it is most needed.

All pets on the Pet Pantry program must be over one year old and spayed or neutered. They must also remain up-to-date on all required vaccinations. It is NOT our goal to help people pay for a new pet which they knew they could not afford.

To receive free pet food and reduced rate spay, neuter, and vaccination services, you must submit an application and all required documents, and receive approval to enter the program prior to receiving food. We limit food distribution to FOUR pets per household, but if you have more, all pets will be eligible for low-cost vaccinations and low-cost spay/neuter services. Once approved, you will be eligible for a period of one year from the date of approval, providing you adhere to all our guidelines.

Note: all dogs and cats in your household must be registered, and 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.

REQUIRED DOCUMENTS

To qualify for Pet Pantry's Food Assistance Program, you must provide one of the following demonstrating

- That you currently receive at least one of the following forms or assistance or aid such as:
 - Social Security – Submit letter of benefits
 - Disability – Submit letter of benefits
 - Medicaid – Submit letter of benefits
 - Unemployment – Submit letter of benefits
 - SNAP– Submit letter of benefits or show us your ACCESS card
 - TANF– Submit current year letter of benefits
 - WIC– Submit letter of approval or proof of current WIC checks
- OR that you are experiencing financial hardship such as:
 - Foreclosure – Submit foreclosure statement
 - Low Income Status – Submit explanation of current income along with supporting documents such as copy of prior year tax return, W2s, etc. Approval will be on a case-by-case basis.

YOU MUST ALSO PROVIDE

- **A valid PA driver's license** or ID card showing that you reside at a Lancaster County address.
- **Proof of spay or neuter from a vet.** (If pet is not spayed or neutered, we will require you to make an appointment for a reduced-rate spay or neuter, and set up a payment plan.) This must be done before receiving food assistance.
- **Most recent rabies vaccination records.** If not up to date, we will require that you vaccinate your pet immediately and submit proof of the vaccination status with your application.

KEEP THIS PAGE!

Mail Completed Application to: Pet Pantry of Lancaster, 26 Millersville Road, Lancaster, PA 17603

Applications missing vet records and verification of need will not be considered. Pet Pantry of Lancaster has the right to deny your application. You may also scan and email to petpantryfoodprogram@gmail.com.

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 by phone to inform you of your first pick up day.

Note: A photo ID with your current address may be required at Food Distribution.

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APPLICANTS AND PARTICIPANTS MUST AGREE TO THE FOLLOWING GUIDELINES

I agree to:

- Provide my own transportation to pick up food once a month.
- Contact the Pet Pantry by phone or email if I am unable to pick up food in any given month.
- Keep all pets on the program up-to-date with rabies shots, and produce written verification.
- Provide written verification of need to the Pet Pantry as requested.
- Maintain healthy living conditions for my pets.
- Return reusable food buckets CLEAN and DRY.

I agree that I will NOT:

- Use my pet(s) for breeding or any illegal activities.
- Add additional pets to our household through adoption, purchase, or any other means, including temporary care and housing.
- Use Pet Pantry food to feed stray, foster, feral, or outdoor cats.
- Re-sell or donate Pet Pantry food or other items to any other person(s) or organization(s).

I agree that I will inform the Pet Pantry of:

- Any change in my financial situation.
- Any change in my contact information, such as address, phone number or email.
- The death of my pet.

I understand that pet supplies are donated, and the Pet Pantry cannot guarantee the availability of any special foods.

I allow Pet Pantry to use photos of me, my family or my pets taken at Food Distribution. I relinquish all rights for monetary gain and compensation from the use of such photos.

I understand and agree that Pet Pantry of Lancaster County makes no warranties as to the pet food and supplies and does not assume any liability and/or guarantee for these pet food supplies in any way. I take full responsibility for any risks involved in introducing a different food for my pet.

By signing this application, I and the members of my household and family agree to indemnify Pet Pantry of Lancaster County, Inc., their officers, directors, member agents, employees, and volunteers, and hold them harmless from and against any direct, indirect, special, incidental, punitive, or consequential damages, including but not limited to injury to or loss of my pet, which may arise from my decision to accept and use the pet food.

I am aware of the following DISQUALIFICATIONS:

- If I add additional pets to my household, I will be immediately disqualified, and will no longer be eligible to receive handouts.
- If I fail to produce written verification of need and of vaccinations, I will be removed from the program.
- If I or my designated stand-in fail to show up for two consecutive handouts without contacting the Pet Pantry, I will be removed from the program.
- If I return buckets which have not been properly scrubbed and dried, I may be sent home to clean them.

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.

Signature _____ Date: _____

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Application Date: _____

PART 1: CLIENT INFO

<p>FOR PET PANTRY USE ONLY</p> <p><input type="checkbox"/> Application complete</p> <p><input type="checkbox"/> Photo ID</p> <p><input type="checkbox"/> Verification of Need</p> <p><input type="checkbox"/> Spay / Neuter records</p> <p><input type="checkbox"/> Vaccination records</p> <p>Status:</p> <p>Contact Attempts:</p>	Name:
	Number of people who live in your household (any age):
	List other household members (first & last names) and ages.
	Street Address:
	City:
	State: PA Zip:
	Phone Number 1: 717- <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Phone Number 2: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email: (Email is the most efficient way for us to contact you!)	

PART 2: VERIFICATION OF NEED

Please attach one of the following forms of verification. Your application will not be considered without it.

- Social Security – Letter of benefits
- Disability – Letter of benefits
- Medicaid – Letter of benefits
- Unemployment – Letter of benefits
- SNAP– Letter of benefits or show us your ACCESS card
- TANF– Current year letter of benefits
- WIC– Letter of approval or proof of current WIC checks

- Foreclosure – Foreclosure statement
- Low Income – Submit explanation of current income along with supporting documents such as copy of prior year tax return, W2s, etc.

We evaluate each case individually. Your story matters. Why do you need our help? Please describe your situation.

How did you hear about Pet Pantry?

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PART 3: PET INFO

How many DOGS are in your household? _____ How many CATS are in your household? _____

Note: We limit food distribution to 4 pets per household, but all pets must be registered and will eligible for low-cost vaccination and spay/neuter services.

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.

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 1	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name	Gender	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed		Approx Birthdate		Approximate Weight
<input type="checkbox"/> Spay / Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
Ever used for <input type="checkbox"/> Breeding <input type="checkbox"/> Sport? Details:				
Any medical issues or special food needs?				

PET 2	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name	Gender	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed		Approx Birthdate		Approximate Weight
<input type="checkbox"/> Spay / Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
Ever used for <input type="checkbox"/> Breeding <input type="checkbox"/> Sport? Details:				
Any medical issues or special food needs?				

PET 3	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name	Gender	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed		Approx Birthdate		Approximate Weight
<input type="checkbox"/> Spay / Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
Ever used for <input type="checkbox"/> Breeding <input type="checkbox"/> Sport? Details:				
Any medical issues or special food needs?				

PET 4	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name	Gender	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed		Approx Birthdate		Approximate Weight
<input type="checkbox"/> Spay / Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
Ever used for <input type="checkbox"/> Breeding <input type="checkbox"/> Sport? Details:				
Any medical issues or special food needs?				

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PET 5	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name	Gender	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed		Approx Birthdate	Approximate Weight	
<input type="checkbox"/> Spay / Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
Ever used for <input type="checkbox"/> Breeding <input type="checkbox"/> Sport? Details:				
Any medical issues or special food needs?				

PET 6	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name	Gender	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed		Approx Birthdate	Approximate Weight	
<input type="checkbox"/> Spay / Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
Ever used for <input type="checkbox"/> Breeding <input type="checkbox"/> Sport? Details:				
Any medical issues or special food needs?				

PET 7	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name	Gender	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed		Approx Birthdate	Approximate Weight	
<input type="checkbox"/> Spay / Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
Ever used for <input type="checkbox"/> Breeding <input type="checkbox"/> Sport? Details:				
Any medical issues or special food needs?				

PET 8	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Name	Gender	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed		Approx Birthdate	Approximate Weight	
<input type="checkbox"/> Spay / Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
Ever used for <input type="checkbox"/> Breeding <input type="checkbox"/> 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.