



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 neuter and vaccinations.

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

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>

LOWER COST 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.

Lower-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**.

LOWER COST NEUTER (Spay / Castration)

All pets in households on the Pet Pantry Food Assistance Program must be 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 lower 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.

	Castration	Spay
Cat	\$60.00	\$75.00
Dog 1-20 lbs	\$112.50	\$131.25
Dog 21-40 lbs	\$123.75	\$142.50
Dog 41-60 lbs	\$135.00	\$157.50
Dog 61-80 lbs	\$146.25	\$165.00
Dog 81-100 lbs	\$157.50	\$176.25
Dog 101-120 lbs	\$168.75	\$187.50
Dog 121-140 lbs	\$180.00	\$198.75
Dog 141-160 lbs	\$191.25	\$210.00
Dog 161-180 lbs	\$202.50	\$221.25
Dog 181-200 lbs	\$213.75	\$232.50
Rabbit	\$60.00	

Prices are subject to change without notice. Lower cost rabies & distemper are available at time of surgery. Microchip and FIV testing at no discount.

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 neutered. They must also remain up-to-date on rabies vaccinations and, for dogs, Pennsylvania licensing. It is NOT our goal to help people pay for a new pet which they know they cannot afford.

To receive pet food and lower cost 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 lower cost vaccinations and 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 described on your application. They must be current with rabies shots and state mandated licensing, and neutered. Pet Pantry can help you arrange for lower cost neuter and shots during your application process.

CHECKLIST FOR YOUR APPLICATION



YOUR APPLICATION CANNOT BE CONSIDERED IF THESE ARE MISSING:

- **A signature on Page 1** (Agreeing to our Guidelines).
- **A valid PA driver's license** or photo ID card showing that you reside at a Lancaster County address.
- **Proof of neuter for each pet.** (If pet is not spayed or castrated, we will require you to make an appointment for a lower cost neuter.) This must be done prior to 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.
- **Proof of state-mandated licensing for each dog you own.**
- **A legible, working phone number.** We do NOT send letters except via email. If your phone number doesn't answer or take messages, we will stop trying to call after two attempts.
- **A copy of ONE of the following to demonstrate financial need:**
 - Your ACCESS card
 - Social Security or Disability benefits letter
 - Unemployment benefits letter
 - Explanation of low income status along with supporting documents such as a prior year tax return.
 - A foreclosure or bankruptcy letter

There is no "waiting list." If you qualify, we will try to add you to the program immediately.

If you don't hear from us, it is generally because we have tried unsuccessfully to reach you.

If you have questions about the status of your application, email: petpantryfoodprogram@gmail.com.

Any calls made to the Pet Pantry front desk will be transcribed and forwarded to that email address.

Applications for pets less than a year old or recently adopted will be denied.

If you wish for us to recognize your pet as an Emotional Support Animal or Service Animal, we will require specific documents from your physician.

KEEP THIS PAGE!

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

You may also scan and email to petpantryfoodprogram@gmail.com.

Pet Pantry Food Program Application

Pet Pantry of Lancaster Co, 26 Millersville Road, Lancaster, PA 17603 or PetPantryFoodProgram@gmail.com

READ CAREFULLY & SIGN BEFORE YOU APPLY PARTICIPANTS MUST AGREE TO THE FOLLOWING GUIDELINES

I agree to:

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

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 may 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 _____ Print Name _____ Date: _____

Pet Pantry Food Program Application

Pet Pantry of Lancaster Co, 26 Millersville Road, Lancaster, PA 17603 or PetPantryFoodProgram@gmail.com

Application Date: _____

PART 1: CLIENT INFO

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

PART 2: DOCUMENTS – DO NOT SUBMIT APPLICATION WITHOUT THESE

1. Copy of your PA driver’s license or photo ID.
2. For each pet: Most recent rabies shot records and something verifying neuter.
3. For all dogs: Copy of current dog license.
4. Copy of any one of the following to demonstrate financial need:
 - o Your ACCESS card.
 - o Most recent Social Security or Disability benefits letter.
 - o Explanation of low income status along with supporting documents such as a prior year tax return or unemployment benefits letter.
 - o A foreclosure or bankruptcy letter.

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?

Pet Pantry Food Program Application

Pet Pantry of Lancaster Co, 26 Millersville Road, Lancaster, PA 17603 or PetPantryFoodProgram@gmail.com

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 be eligible for lower cost vaccination and neuter (spay/castration) services.

- All pets neutered
 I need to schedule one or more spay or castration
 Vet says not to fix
 Have any of your pets been used for racing or fighting?
 Yes Not sure No
 Have any of your pets been used for breeding, or had puppies or kittens?
 Yes Not sure No
 Are any of your pets under one year old?
 Yes Not sure No
 Were any of your pets adopted in the past year?
 Yes Not sure No

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"/> Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
<input type="checkbox"/> Ear Tipped? <input type="checkbox"/> Any breeding or sport history		<input type="checkbox"/> Current dog license attached <input type="checkbox"/> Need dog license		
Any medical issues or special food needs? Attach note from vet to verify.				

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"/> Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
<input type="checkbox"/> Ear Tipped? <input type="checkbox"/> Any breeding or sport history		<input type="checkbox"/> Current dog license attached <input type="checkbox"/> Need dog license		
Any medical issues or special food needs? Attach note from vet to verify.				

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"/> Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
<input type="checkbox"/> Ear Tipped? <input type="checkbox"/> Any breeding or sport history		<input type="checkbox"/> Current dog license attached <input type="checkbox"/> Need dog license		
Any medical issues or special food needs? Attach note from vet to verify.				

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"/> Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
<input type="checkbox"/> Ear Tipped? <input type="checkbox"/> Any breeding or sport history		<input type="checkbox"/> Current dog license attached <input type="checkbox"/> Need dog license		
Any medical issues or special food needs? Attach note from vet to verify.				

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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"/> Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
<input type="checkbox"/> Ear Tipped? <input type="checkbox"/> Any breeding or sport history		<input type="checkbox"/> Current dog license attached <input type="checkbox"/> Need dog license		
Any medical issues or special food needs? Attach note from vet to verify.				

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"/> Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
<input type="checkbox"/> Ear Tipped? <input type="checkbox"/> Any breeding or sport history		<input type="checkbox"/> Current dog license attached <input type="checkbox"/> Need dog license		
Any medical issues or special food needs? Attach note from vet to verify.				

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"/> Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
<input type="checkbox"/> Ear Tipped? <input type="checkbox"/> Any breeding or sport history		<input type="checkbox"/> Current dog license attached <input type="checkbox"/> Need dog license		
Any medical issues or special food needs? Attach note from vet to verify.				

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"/> Neuter Verification Attached <input type="checkbox"/> Not fixed		<input type="checkbox"/> Vaccination Records Attached <input type="checkbox"/> Not vaccinated		
<input type="checkbox"/> Ear Tipped? <input type="checkbox"/> Any breeding or sport history		<input type="checkbox"/> Current dog license attached <input type="checkbox"/> Need dog license		
Any medical issues or special food needs? Attach note from vet to verify.				

OTHER PETS

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