



Pet Pantry Application

We here at NBAR understand that many pets are relinquished because they are unable to be cared for properly. Our Pet Food Pantry was created to help individuals facing financial burdens to feed their pets so they can remain a part of the family.

Because supplies are limited, our pantry supplies should supplement your monthly supply of pet food and not be the sole source of food for pets. You should expect to purchase food for your pets in addition to receiving food to meet their nutritional needs.

Membership Terms

- 🐾 Supplies are donated to NBAR's Pet Food Pantry by generous individuals and partnerships - we cannot guarantee that food is always available. We do not provide custom orders and/or specific food brand requests.
- 🐾 Recipients must bring their own clean container (bucket, tupperware, ziptop bags, etc.) to be filled, we will not fill friends/neighbors containers.
- 🐾 The recipient cannot acquire more animals while participating in this program. A maximum of 80lbs of food for a maximum of 5 pets may be provided per household at a time.
- 🐾 Recipients cannot breed their animals while on this program.
- 🐾 Should an owned animal produce an unplanned litter, food may be provided for up to three (3) months after which the young must be (a) relinquished to NBAR for adoption, (b) relinquished to another organization for adoption, or (c) adopted out by owner. Female/mother animal must be spayed as soon as young are weaned. Failure to comply will result in termination from the program.
- 🐾 Memberships may be revoked at the discretion of NBAR.
- 🐾 This program is intended to provide temporary, supplemental assistance for up to six (6) months. You may re-apply in six months if your circumstances have not changed and your application will be reviewed.

Recipient Information (must be filled out completely)

Date of Registration: _____

First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Driver's License/ID Number: _____

Email: _____

Names of other people living in your home: _____



Name of Pet	Type	Breed	Sex	Age	Weight in LBS		Fixed	Indoors Only
	Dog		M		5-20	21-45	Y/N	Y/N
	Cat		F		46-50	51+		
	Dog		M		5-20	21-45	Y/N	Y/N
	Cat		F		46-50	51+		
	Dog		M		5-20	21-45	Y/N	Y/N
	Cat		F		46-50	51+		
	Dog		M		5-20	21-45	Y/N	Y/N
	Cat		F		46-50	51+		

Veterinarian name/office and phone #: _____

Income Information

To be eligible for NBAR's Pet Food Pantry, you must qualify as low income*, be a current participant in a state/federal/local assistance program, or experiencing financial hardship due to the current economic situation. Please complete items 1-3 below.

1. Family Income Level (please circle)

Family Size	Income Level
1	\$23,000
2	\$26,000
3	\$29,000
4	\$32,000
5	\$35,000
6	\$38,000

**Proof of annual income may be requested.*

2. Assistance Program (proof of participation required):

- TANF (Temporary Assistance for Needy Families)
- SSI (Supplemental Security Income)
- SSA (Social Security Benefits)
- WIC (Women, Infants & Children)
- Medicaid
- Unemployment
- Food Assistance Program
- Other: _____

3. Within the last six months, I have experienced:

- Eviction
- Job Loss
- Home Foreclosure
- Other, explain: _____

By signing, I am declaring that the information above is correct. I agree to withdraw from the program when I am able to afford food for my animal(s). I also understand that NBAR's Pet Food Pantry is intended to supplement my pet(s) food source and is not the sole source of food. I understand that my eligibility will be reviewed every six (6) months. I agree to have my pets spayed and neutered as soon as I can and I agree not to breed my pets when receiving food from this program.

Signature of Pet Owner/Date

Signature of NBAR Representative/Date