



## Operation Kindness Pet Food Pantry Application

Thank you for reaching out to the Operation Kindness Pet Food Pantry. We understand that times are tough, and our goal is to keep as many pets with their families as possible. With that in mind, please understand that this program is not set up to supply food permanently, and is for temporary assistance only. With approval of application, we will provide food for up to a 3-month period, at which time, reapplication may be required.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list up to three pets who will be receiving assistance:

Name:	Type	Age	Weight
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat		
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat		
	<input type="checkbox"/> Dog <input type="checkbox"/> Cat		



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Below are our guidelines. Please answer all questions truthfully. All information is kept confidential.

To be considered for assistance, applicants must:

- Be the owner of the animal(s) and be over 18 years of age
- Provide a valid proof of government ID
- Understand that we must limit the number of pets that are given food to 3 per household
- Understand that specific types of food will be considered (senior, grain free, puppy, etc) but that our Food Pantry is only able to provide what is available from donated supplies and resources are limited. You are at will to refuse food offered without terminating the application of assistance but may not be able to have specific requests accommodated.
- Understand that Operation Kindness Pet Food Pantry reserves the right to deny or terminate assistance at our discretion.

Please review and initial:

\_\_\_\_\_ I understand that there may only be one account per household.  
\_\_\_\_\_ I understand that I will only receive assistance for up to 3 months, after which,  
\_\_\_\_\_ I may have to reapply.  
\_\_\_\_\_ I may only pick up food once a month or every 4 weeks.  
\_\_\_\_\_ I understand that spaying/neutering my animal helps prevent unwanted litters,  
helps protect against some serious health problems, and may reduce many of  
the behavioral problems associates with the mating instinct.  
\_\_\_\_\_ I understand that Operation Kindness can provide me with resources  
regarding sterilization if I am interested in additional information.  
\_\_\_\_\_ I understand that my pet(s) should not be used for breeding purposes or illegal  
acts.  
\_\_\_\_\_ I understand that only one person other than myself is authorized to pick up  
food on my behalf. That person is: \_\_\_\_\_

By printing and signing your name below, you are acknowledging that you understand and agree to the above terms and conditions.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Received by: \_\_\_\_\_ Date: \_\_\_\_\_