



Norfolk Pet Pantry
Application for Temporary Pet Food Assistance
From Friends of Norfolk Animal Care Center (FNACC)

Please submit this application to be considered for the FNACC Norfolk Pet Pantry assistance. All information submitted here will remain confidential. Any false information on this application will result in denial of assistance. Applications can be submitted to FNACC at the Pet Pantry located behind the city shelter at 5585 Sabre Road on any Saturday from 1 - 4 pm or mailed to P.O. Box 11403, Norfolk, VA 23517. Questions? Call (757)955-7581.

To qualify for assistance, applicant must:

- Be 18 years or older and live in Norfolk, Virginia Beach, or Chesapeake
- Present a picture ID and proof of current address (To be presented when submitting the application. Failure to do so will result in denial of assistance.)
- Present proof of current government assistance or proof of a combined household income of \$30,000 or less (To be presented when submitting application. Failure to do so will result in denial of assistance.)
- Complete a new application for assistance if the number of pets changes in the household or if there is a change of address
- Understand that the food provided through the service may not match current brand, therefore, pet(s) may experience stomach upset initially due to the change in diet
- Not breed your pet(s) for any reason
- Not leave your pet(s) outside on a rope or chain

FNACC Pet Pantry Guidelines:

- Food is distributed to approved applicants on Saturdays (between 1 - 4 pm) each week. A photo ID and Norfolk Pet Pantry membership card will be required for each pickup.
- Only one applicant per household.
- The quantity of pet food received will depend upon the number of owned pets (cats and dogs only), their size, and the available supply at the time of distribution.
- Requests for specific food types will be considered (i.e. senior, diet, etc.), however, FNACC will only be able to provide what is available from donated supplies.
- FNACC reserves the right to deny food to anyone under any circumstances or to make exceptions based on individual need.
- Food provided through this service may not be resold; if FNACC determines that food has been resold, the service recipient household and each of its members will no longer benefit from the program.
- Service recipients must pick up food from the Pet Pantry located behind the Norfolk Animal Care Center shelter at 5585 Sabre Road in Norfolk.
- FNACC offers temporary pet food assistance; this service is not intended to supply food permanently. When you no longer require assistance, we ask that you consider giving back to our organization so that others in need can benefit.
- FNACC is a spay/neuter advocate for reducing the number of homeless animals in our community. If your pet(s) are not spay/neutered, we encourage you to consider it and we can provide you with a referral for free spay/neuter services through SpayHR or low-cost services through the Norfolk SPCA.

I HEREBY WAIVE, RELEASE AND DISCHARGE FOR MYSELF, MY HEIRS, PERSONAL REPRESENTATIVES, AND ASSIGNS ANY AND ALL RIGHTS, LIABILITY, CAUSES OF ACTION AND CLAIMS THAT MAY NOW OR HEREAFTER ACCRUE TO ME OR WHICH I MAY NOW OR HEREAFTER ASSERT AGAINST FNACC, ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS AND ASSIGNS FOR ANY INJURY, HARM OR LOSS SUFFERED BY ME, MY FAMILY OR AN ANIMAL RELATED TO OR ARISING FROM MY ACCEPTANCE OR USE OF FOOD RECEIVED FROM FNACC NORFOLK PET PANTRY. By signing your name below, you are acknowledging that you understand and agree to all of the provisions above.

Signature of Applicant: _____ Date: _____

Name of Applicant (please print): _____



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Last Name:		First Name:	
Address:			
City, State:		Zip Code:	
Phone:	Alt. Phone:	Email:	
Do you currently receive government assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list type:			
If you answered no above, is your combined household income \$30,000 or less? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Are you able to pick up the pet food from NACC? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a friend or family member who can pick up the pet food? <input type="checkbox"/> Yes <input type="checkbox"/> No Name and relationship of individual authorized to pick up the food on your behalf:			

Pet Name	Dog / Cat	Age	Breed	Weight	Amount of Food per Feeding (Cans/Cups)	Spayed / Neutered? Y/N	Up to date on shots? Y/N

Are you in need of cat litter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of food needed: (Please check all that apply) <input type="checkbox"/> Adult dog - dry <input type="checkbox"/> Puppy - dry <input type="checkbox"/> Adult cat -dry <input type="checkbox"/> Kitten - dry <input type="checkbox"/> Adult dog - canned <input type="checkbox"/> Puppy - canned <input type="checkbox"/> Adult cat - canned <input type="checkbox"/> Kitten - canned
Preferred pet food brand:
Does your pet have allergies or require special foods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
How did you hear about the Norfolk Pet Pantry?

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND THAT GIVING ANY FALSE INFORMATION WILL RESULT IN THE DISAPPROVAL OF THIS APPLICATION AND FUTURE DISQUALIFICATION FROM THIS SERVICE.

Signature of Applicant: _____ Date: _____

For office use only:
 Application Processor: _____ Date: _____ NPP#: _____

Approved Disapproved Reason if not approved: _____

Provided SpayHR application for spay/neuter services to applicant? Yes No N/A