



Application for Temporary Pet Food Assistance Friends of Norfolk Animal Care Center Pet Pantry

Friends of Norfolk Animal Care Center (Friends of NACC) is a non-profit 501(c)(3) organization. The Pet Pantry is a Friends of NACC Program with distribution performed in conjunction with Norfolk Animal Care and Adoption Center (NACC) staff.

Please submit this application to be considered for Friends of NACC Pet Pantry assistance. All information submitted herein will remain confidential. Any false information on this application will result in denial of assistance. Applications can be mailed to Friends of NACC, P.O. Box 11403, Norfolk, VA 23517. You will be contacted by a Friends of NACC volunteer to confirm eligibility and acceptance into the program. Questions? Call (757)354-4427.

To qualify for assistance, applicant must:

- Be 18 years or older and live in Norfolk. (Only one applicant per household.)
- Present a picture ID and proof of current address.
- Present proof of current government assistance or a combined household income of \$30,000 or less.
- Provide proof of current licensing for each animal.
- Provide proof of sterilization for each pet, or have pets altered within 3 months of being accepted into the program. (Waiver for old or infirm animals will be considered on a case-by-case basis).
- Understand that if approved, this temporary service will be provided for a limited period of six (6) months.
- 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.

FNACC Pet Pantry Guidelines:

- Friends of NACC volunteers will review applications and confirm eligibility into the Pet Pantry Program. Applicants will be notified when they have been accepted.
- This is a temporary service which will be offered to Norfolk residents for a **limited period of six (6) months**.
- Pet food can be picked up **once per month between the hours of 8am to 11am Monday through Friday** at the NACC front desk located at 5585 Sabre Road. A photo ID will be required for each pickup.
- Pre-determined quantities of food will be distributed (dependent on availability), according to the number and type of pets listed on the application. Only food will be given, no medications, cat litter, toys or other incidentals will be included.
- Please note that the Pet Pantry can support no more than 4 dogs and no more than 4 cats per household in accordance with Section 6.1-8 of the Norfolk City Code. We do not provide food for feral cats.
- Friends of NACC is a spay/neuter advocate for reducing the number of homeless animals in our community. Pet Pantry participants must provide proof of pet sterilization within 3 months of acceptance into the program in order to be eligible for the remaining 3 months. If your pets are not already altered, we can provide referral for low cost spay/neuter services.
- No additional pets, from any source, adoption or otherwise, can be added once an applicant is accepted into the program.
- As most of our pet food comes from donated resources, we cannot guarantee specific food brands will be available.
- Friends of NACC reserves the right to deny service to anyone under any circumstances or to make exceptions based on individual need.
- Food provided through this service may not be resold. Any evidence of reselling will result in disqualification from the program.
- Friends of NACC will not knowingly distribute any food that is spoiled or contaminated. However, as some of our supplies are donated from various sources, it is possible that some food could be found to be unacceptable for feeding to your pets. All food should be carefully inspected for foreign objects, mold, unusual colors, odors or other signs of contamination. If any of these are found, the food should be discarded in such a manner that no animal, either domesticated or wild, may consume it.
- All applicants and recipients must conduct themselves in a courteous and lawful manner while on the premises. Any type of inappropriate behavior, discourtesy or disturbance will result in immediate and permanent disqualification from being able to receive Pet Pantry assistance. If such circumstances occur, you will be advised in writing and barred from the Pet Pantry premises.

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 THE CITY OF NORFOLK, NACC OR FRIENDS OF NACC, THEIR 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 FRIENDS OF NACC 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: _____

Print Name here→



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First Name:		Last 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	Weight	License Number	Sterile? Y/N	Up to date on shots? Y/N

Type of food needed: (Please check all that apply) <input type="checkbox"/> Adult dog - dry <input type="checkbox"/> Adult cat -dry <input type="checkbox"/> Adult dog - canned <input type="checkbox"/> Adult cat - canned
Does your pet have allergies or require special foods? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

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: _____

Approved Disapproved Reason if not approved: _____