

NorthWoods Pet Pantry

in partnership with NorthWoods Animal Coalition

a 501(c)3 non-profit animal advocacy group

that is composed of grass-roots volunteers from many parts of Northwestern Lower Michigan.

Pet Pantry Terms/Conditions

All NorthWoods Pet Pantry clients acknowledge, understand and consents to the following terms of this program:

I, _____, understand that only residents of Kalkaska, Antrim Counties along with Fife Lake and South Boardman areas are eligible for this program and must provide proof of residency. Food is distributed per household, once a month. If individual family members attempts to get food for the same pets at the same address, they will be revoked from the program.

I, _____, understand that NorthWoods Pet Pantry is meant to serve as a temporary resource and I will need to provide proof of financial need/hardship before I am eligible to receive assistance.

I, _____, understand that NorthWoods Pet Pantry will provide assistance for a total of 3 months whether it being consecutively or total of per calendar year. If I do require assistance longer than the 3 months allotted I will be directed to other available resources per request.

I, _____, understand that I will be contacted prior to distribution as to where and when to pick up my pet(s) food, therefore, I will supply and keep updated at least 2 contact numbers as to where I can be reached. If I cannot be contacted and/or returned the message within 24 hours of time received, I understand I forfeit that month's distribution, and will be not be eligible for the following distribution until I provide the correct contact information.

I, _____, understand that if I choose not to/nor need to utilize my 3 months of assistance consecutively I will inform NorthWoods Pet Pantry as soon as possible to insure another pet family can benefit for that month(s) distribution instead.

I, _____, understand that only pets listed on the original application will be considered and I agree not add to my number of pets either by taking in or allowing animals in my household to breed while participating in this program. If I do, I understand that it shows I am able to care for the ones I already have and will be revoked from the program.

I, _____, understand that the amount of food supplied will be at the NorthWoods Pet Pantry's discretion and as donations allow. This program is meant to provide emergency/short term assistance with my food supply and may not fulfill all the dietary needs of my pet(s).

P.O. Box 1002, Kalkaska, MI 49646

Email: NorthWoodsPetPantry@gmail.com

NorthWoodsAnimalCoalition.Org

I, _____, understand food for the program is donated from various sources, therefore NorthWoods Pet Pantry cannot guarantee the quality, freshness or safe consumption of the food, nor can it be guaranteed that food will be available in any capacity; it is distributed on a first come, first serve basis.

I, _____, understand NorthWoods Pet Pantry reserves the right to remove or deny pet parents from this program at their discretion. I, _____, understand that NorthWoods Pet Pantry is not a government assistance program, is not required to provide food and is made possible solely by donations from individuals and businesses in our community.

I, _____, understand failure to abide by NorthWoods Pet Pantry terms can result in participation being revoked.

To qualify for assistance, you must provide proof of financial need/hardship:

- Photo identification
- Proof of residency (current electric/gas bill – can black out acct. number)
- Unexpected medical condition/hospital stay/injury limiting employment
- Unexpected loss of employment lasting more than 1 month and not eligible for unemployment
- Written referral from a local food bank, veterinarian, COA or other animal coalitions.
- Unexpected loss of housing (fire, eviction, other)
- At least 2 contact numbers

We can still consider your case besides what is listed above, if you can prove temporary, financial hardship with appropriate documentation. We will consider these special situations on a case-by-case basis.

I (PRINT NAME) _____ understand that NorthWoods Pet Pantry, its programs and its affiliates cannot and will not guarantee the brand, type, quality, brand, freshness or safety of the food given to me. If my pet(s) develops a medical condition in whole or in part by the food provided, I agree to release NorthWoods Pet Pantry, this program, and its affiliates from any and all liability. I also understand that it is my responsibility to pick up the food from the NorthWoods Pet Pantry, and I understand that this program only supplements my pet food supply and I cannot depend on this program to fulfill the dietary needs of my pet(s). I understand that the food may have expiration dates within the six previous months. I understand that funds for this program are limited and in the event my current financial situation improves and I am no longer in need of this program, I agree to withdraw from the program so that the people most in need can be served. I agree to the terms of the program stated on page one and page two.

Signature

Date

NorthWoods Pet Pantry Application

PERSONAL INFORMATION

Name _____

Address _____

City, Zip, County _____

Home Phone _____

Cell Phone _____

Email Address _____

If you qualify for assistance, you may name ONE alternate person to pick up pet food on your behalf. This person must be provide personal identification. Please provide your alternate pick up person's name: _____

How did you hear about the NorthWoods Pet Pantry? _____

If your pet(s) is not spayed/neutered, is there a particular reason why (cost, want to breed, etc)? Would you be willing to get your pet(s) spayed or neutered if you could afford it? _____

Is there any other information you would like to share regarding your pet(s)?

Please explain why you rely on the NorthWoods Pet Panty. Your story may be used as a testimonial on our Web site, in our newsletter or on social media as an example of why there is a need for this program, and to help us get funding and donations to keep the pet pantry running. We will only use your first name, never your last name (**Use back of page if necessary**).

Please complete the above application and pet information and include all requested proofs of hardship and mail to: NorthWoods Pet Pantry c/o 303 North Orange Street, Kalkaska, MI 49646 or email to: NorthWoodsPetPantry@gmail.com. Those eligible will be notified and must provide photo identification at distribution.

