



PALNV PET FOOD ASSISTANCE PROGRAM

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4155 N Rancho Drive #150, Las Vegas, NV 89130
702-629-6351

PROGRAM OVERVIEW

All information is strictly confidential unless otherwise authorized. PALNV will not sell or provide our clients' information to outside entities.

Pet Food Assistance: Maximum allowable monthly household gross income (all persons living in home combined):

\$1500 for 1 person, \$2800 for 2 people, Add \$400 for every one after 2

Please initial next to each statement indicating that you have read and agree:

____ I am allowed 3 pets on the program which is the allowed number of pets in Clark County. Each year I will need to reapply and update my pets and their information.

____ Pet(s) must be spayed/neutered to participate in this program unless a veterinarian directs **in writing** that the pet cannot have surgery for health reasons.

____ PALNV will provide pet food monthly for my pet(s) in quantities sufficient to last a month unless PALNV has a shortage of available food. If this is the case, we will advise clients as soon as possible, so other arrangements can be made.

____ I agree to release PALNV, its programs, Board of Directors, staff, volunteers, donors, contractors and affiliated organizations from any and all liability.

____ If a client misses 3 consecutive pick-ups, or is not home for 3 consecutive deliveries (without notifying PALNV), the client will be removed from the Pets-In-Need program and placed on inactive status. The client must reapply to become active again.

____ Because PALNV is funded entirely on donations, we cannot guarantee we will have the brand(s) of food you listed as *preferred*. Substitutions might be made if the particular food is not available.

____ If my pet needs a special or prescription diet PALNV will need a copy of the prescription from your veterinarian. PALNV carries ProPlan and Hill's Veterinary Diets in our clinic.

____ I agree not to use social media or any media outlets to make statements that would in any way damage or negatively impact the reputation of PALNV.

____ In the event my current financial situation improves and I am no longer in need of PALNV's assistance, I will immediately withdraw from the program so others may be assisted with pet food. If I find myself in need again, I can reapply.



PET FOOD ASSISTANCE APPLICATION

PLEASE Write Clearly

Client Name: _____ Phone: _____

Home Address: _____ City/Zip: _____

Mailing Address (if different): _____ City/Zip: _____

E-Mail Address: _____

Emergency Contact: _____ Phone: _____

Are you over 18 years of age? YES NO

How many people are living in the household?: _____

Household monthly income: \$_____

How did you hear about us?: _____

Are you a US Veteran?: YES NO (This is used for Federal Grant Funds)

Are you 55+: YES NO (This is used for Grant Funds)

A Copy of the following documents must be submitted with your application.

Proof of income: last 2 months of bank statements **or** your most current tax return **or** SSI Letter.

Proof of pet(s) being spayed or neutered (one of the following): Spay/neuter certificate, letter from a veterinarian stating pet is spayed or neutered, adoption papers, a letter from a licensed veterinarian stating that the pet is too old, ill or incapable of breeding or if a cat, a picture of the tipped ear clearly showing it was spayed or neutered

Proof of Residency: current utility bill **or** NV ID **or** NV driver's license

Proof of Military Service (if a veteran): DD Form 214

Picture of Pet(s): to confirm breed, size etc.

I affirm that all information I provided is true and correct to the best of my knowledge.

Signature

Date

Print Name



PET'S INFORMATION

Pet #1:

Name: _____ Date of Birth or Age: _____

Dog Cat Male Female Spayed Neutered Service Animal

Breed: _____ Color: _____ Weight: _____

Food Preference Wet: _____

Food Preference Dry: _____

Pet #2:

Name: _____ Date of Birth or Age: _____

Dog Cat Male Female Spayed Neutered Service Animal

Breed: _____ Color: _____ Weight: _____

Food Preference Wet: _____

Food Preference Dry: _____

Pet #3:

Name: _____ Date of Birth or Age: _____

Dog Cat Male Female Spayed Neutered Service Animal

Breed: _____ Color: _____ Weight: _____

Food Preference Wet: _____

Food Preference Dry: _____

Do you need kitty litter? Yes No Clumping Non-Clumping

What is the name of your pet's Veterinarian?: _____

Address: _____ City/ZIP: _____

Phone Number: _____ E-mail: _____