



## 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 people**

**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 largely 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 Blue Buffalo 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: \_\_\_\_\_

How many people are living in the household?: \_\_\_\_\_ (Please list names and relationship to you i.e. son, daughter, husband etc.)

\_\_\_\_\_  
\_\_\_\_\_

Household monthly income: \$\_\_\_\_\_ (Please give total income of all working in the home)

How did you hear about us?: \_\_\_\_\_

**This section is used exclusively for Federal and Private Grant Funds**

Year of Birth \_\_\_\_\_ Are you a US Veteran?: [ ] YES [ ] NO

What Gender do you most identify as? \_\_\_\_\_

What Ethnicity do you most identify as?

[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American

[ ] Hispanic or Latino [ ] Native Hawaiian or other Pacific Islanders [ ] White



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

**Proof of income:** last 2 months of bank statements **or** last two months of pay 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.**

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Signature

Date

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Print Name

**Non-Discrimination Statement:** PALNV does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, and vendors.

**Our Rights:** We reserve the right to refuse service to anyone.



**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_