

# Animal Resource Friends Application

P. O. Box 914 Mebane, N.C. 27302 336-512-0117

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**CLIENT INFORMATION – All information is required**      Date of Registration: \_\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you live alone? \_\_\_\_\_ With Family or Friends? \_\_\_\_\_

Please list other people living in your home (include full name and relationship):

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

Do you Rent or Own your property? \_\_\_\_\_

(If Applicable) Name, Address and Phone number of current landlord: \_\_\_\_\_

\_\_\_\_\_

Please list your dogs and cats that require assistance on Page 2. Other than those listed on page 2, do you have other animals in your home? \_\_\_\_\_

Dogs \_\_\_\_\_ Cats \_\_\_\_\_

Are they current on rabies? \_\_\_\_\_

Which pets (please include name) still need an updated rabies vaccine?

\_\_\_\_\_

Are your other pets needing assistance with spay/neuter? \_\_\_\_\_

If yes, which pets (please include name): \_\_\_\_\_

Are you needing assistance with a fence? \_\_\_\_\_

Are any animals currently on a chain? \_\_\_\_\_

If yes, please list them by name: \_\_\_\_\_

<u>Name of Pet</u>	<u>Type of Pet</u>	<u>Breed</u>	<u>Sex</u>	<u>Age of Pet</u>	<u>Weight of Pet</u>	<u>Fixed</u>	<u>S/N VERIFIED</u>	<u>UTD on Rabies</u>	<u>Rabies Tag Number</u>	<u>1yr- 3 Yr. Date due:</u>
	Dog Cat		M F			Y/N	Y/N	Y/N		
	Dog Cat		M F			Y/N	Y/N	Y/N		
	Dog Cat		M F			Y/N	Y/N	Y/N		
	Dog Cat		M F			Y/N	Y/N	Y/N		
	Dog Cat		M F			Y/N	Y/N	Y/N		
	Dog Cat		M F			Y/N	Y/N	Y/N		
	Dog Cat		M F			Y/N	Y/N	Y/N		
	Dog Cat		M F			Y/N	Y/N	Y/N		
	Dog Cat		M F			Y/N	Y/N	Y/N		

NOTES: \_\_\_\_\_

\_\_\_\_\_

**Income Information:**

**ARF APPLICATION**

To be eligible for the ARF Food distribution program, you must qualify as low income, be a current participant in a state/federal assistance program, or experiencing financial hardship due to the current economic situation. Please check the assistance that you receive. Assistance Program (proof of participation required):

SSI (Supplemental Security Income)

SSA (Social Security Benefits)

WIC (Women, Infants & Children)

Medicaid

Unemployment Benefits

Food Assistance Program

Signature By signing, I am declaring that the information above is correct. I understand that the ARF Food Distribution program is intended as a supplemental food source and is not the sole source of food for my pets and eligibility will be reviewed regularly. Spaying and neutering is important to reducing pet overpopulation. I agree to provide proof that my pet(s) have been spayed or neutered as well as vaccinated with a rabies shot before receiving food. I also agree not to breed my pets when receiving food from this program.

\_\_\_\_\_  
Signature Pet Owner/Date

\_\_\_\_\_  
Signature ARF Representative/Date

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Animal Resource Friends Guidelines**

**Animal Resource Friends Guidelines for Assistance** ARF understands that financial difficulty often means making a list of priorities. Frequently, animals are forced to be low on that list. ARF'S program assists residents who are having difficulty meeting the nutritional needs of their dog or cat due to financial burden. With a little assistance, a pet owner can often find a way to keep their pet in their home. Because funds are limited, the program should supplement your monthly supply of pet food and not be the sole source of food for pets. You should expect to purchase food for your pets in addition to receiving the program food to meet their full nutritional needs.

**1. Qualifying Documents:** The following current documents will be accepted: EBT Card, Medicaid Card, WIC/SNAP Card, Section 8 housing verification, energy assistance letter from your power company, low income (pay stub or W2). Low income will be determined according to SNAP rules.

**2.** Your ID must match the address that you list on your application. If not, we require a current utility bill to verify the address. Each application should have a working phone number, a secondary contact number, and a current email address if you have one.

**3.** This program provides food for animals in the household (not feral/stray). We limit the assistance to 3 dogs and/or 3 cats and other critters, ie. ferrets, rabbits, birds, etc. Our food distributions are monthly. Dates are available on our website at [www.animalresourcefriends.org](http://www.animalresourcefriends.org) (scroll to the bottom of the page).

**4.** If you get another dog/cat while participating in our program, you must notify ARF at the next distribution so that it can be added to your application.

**5.** All animals in the household **MUST** be spayed or neutered in order for you to qualify. You must provide records from the clinic/vet as proof. If you do not have these records, we will need to physically see your animal. If your animal has not been spayed or neutered, ARF will assist you in getting a voucher for this procedure so that there is no cost to you.

**6.** ARF will assist you with making a spay/neuter appointment. If you are a NO CALL/NO SHOW at one of these appointments, you will **NO** longer be eligible for any ARF services. **NO EXCEPTIONS.** If you must cancel the appointment, please call the vet's office with as much advance notice as you can and contact ARF immediately so that we can reschedule your appointment.

**7.** Each year (based on the original application date), participants will be required to fill out a new application and ARF will evaluate the need to continue support from the program.

**8.** Only the person on the application is allowed to pick up food at the distributions. You must bring a state issued driver's license or ID each time that food is picked up. We will no longer allow someone else to pick up for you without prior approval. You must either send an email or call the ARF line. (336-512-0117).

**9.** On the day that you apply with ARF, you will be allowed to receive pet food. After your application is reviewed, you will be contacted about acceptance into the program and the next distribution date.

**10.** It is N.C. State law that all dogs and cats have a current rabies vaccination. It is an ARF requirement as well. You must provide proof that each animal in the household has a current rabies vaccination. If the animals in your household do not, or you cannot find proof, ARF will make you an appointment (at **NO** cost to you) to have this done. **11.** Home visits may be done at any time on any ARF client. Signature Pet

Owner Signature/Date \_\_\_\_\_

ARF Representative/Date \_\_\_\_\_