



dba P.I.N.A.L.

Pets In Need Action League

Keeping Pets & People Together

Pet Food Bank

Welcome! The Pet Food Bank is one of our *Never Surrender* programs, aimed at “Keeping Pets and People Together”. It is made possible through grant funding and the generous contributions of community members, businesses, and volunteers of P.I.N.A.L. We are a nonprofit, all-volunteer Corporation – we are NOT a government assistance program.

Guidelines:

Assistance through our Pet Food bank is available to **qualified** Pinal County residents only. It is designed to temporarily assist in feeding companion pet(s), dogs and cats, during financially difficult times. Please read ALL guidelines below and complete the attached 2-page application, if you feel you qualify:

- An application must be completed, and all requested proof provided, to qualify for pet food assistance.
- Only one applicant per household (physical address) is allowed. Applicant must be at least 18 years old.
- Applicant **MUST** be enrolled in a state or federally funded program, such as AHCCCS, WIC, Food Stamps, SSDI, or Unemployment; or provide prior year tax return or pay stub proving income is under low income guidelines. Other proof of financial hardship will also be considered on a case-by-case basis. **PROOF IS REQUIRED – must accompany application. See Application for more details.**
- Applicant **MUST** provide documentation that all pet(s) in the household are spayed/neutered. This may be obtained through one’s veterinarian. **PROOF IS REQUIRED – must accompany application. Please see next bullet if you need assistance with spay/neuter service.**
- If your pets are not spayed/neutered, P.I.N.A.L will either attempt to help you with this directly OR provide you with a list of low-cost options in the surrounding communities. Please ask us if you need this service for your pet(s), but are unable to afford it – **we may be able to offer assistance to obtain FREE spay/neuter service.**
- Identification of applicant is required each time food is picked up. Individuals receiving assistance must pick-up and transfer their own pet food, as delivery is not currently available.
- Food services will be provided for a maximum of four (4) pets total, per household. It is further limited to ONE request per month, according to availability of food.
- After enrollment in P.I.N.A.L’s Pet Food Bank program, Applicant cannot add to the number of pets in his household. Doing so shows that Applicant is more than able to care for the pet(s) already in his care, and will disqualify from future assistance.
- The amount of food received will depend upon the number of pets, their size, and available food supply at the time of distribution.
- Enrollment is active for one year from date of approval. Individuals must reapply at that time.*
- Food provided through P.I.N.A.L may not be sold to other people.
- P.I.N.A.L. reserves the right to deny, terminate or make exceptions to assistance based on individual needs and circumstances; and to revise or otherwise change any components of the program without notice to participants.

**Applicants who are not able to work and are on long term Social Security or Disability may be eligible for pet food services on a continued basis. This is dependent upon food availability at any given time.*

Pet Food Distribution:

For up-to-date locations and times, visit our Facebook page or website, www.PinalPets.org, and look for the **Quick Link** “Pet Food Bank details” in the right-hand sidebar. Our contact information is also located at the bottom of this page.

KEEP THIS PAGE FOR YOUR RECORDS! Continue to Application . . .

P.O. Box 12813 • Casa Grande AZ 85130 • 520.582.0299 • foodbank@pinalpets.org • www.pinalpets.org

Pets In Need Action League is a 501c3, volunteer-run Nonprofit Corporation

Revised October 2015

**Pets In Need Action League
Application for Temporary
Pet Food Assistance**

Please complete this application in its entirety to qualify for temporary pet food assistance. **All of the information you provide will be kept completely confidential.** [Note] - Applications can also be found online at www.pinalpets.org.

Your name: _____

Names of others in your home who are 18 or older:

Your address - *this must match address on your license; or other proof of current address (i.e. utility bill):*

Include street, city and zip code (only Pinal County residents can apply)

Home phone #: _____ Cell phone #: _____

Other contact phone: _____ Email address: _____

of dogs in house: _____ # of cats in house: _____

What circumstances led to you needing pet food assistance, and what steps are you taking to make the situation better?

Please list all of the current State or Federal assistance you receive - (i.e. WIC, AHCCCS, Food Stamps, SSDI, Medicaid, or Unemployment) or circumstances that apply – (income under low income guidelines or other financial hardship). **PROOF is required and must accompany Application** - for low income, include current pay stub or last year's tax return and black out all Social Security numbers on all documents before submitting. *If you have questions on the application or qualification requirements, visit www.pinalpets.org/qualification.html or contact us at the phone # or email listed at the bottom.*

How did you hear about the Pets In Need Action League – Pet Food Bank?

Application continued on back . . .

FOR P.I.N.A.L. USE ONLY Date Received: _____ Date Contacted: _____ via EMAIL LETTER PHONE
Contact Volunteer: _____ Approved: _____ Denied: _____
Date Entered in Database / Volunteer: _____

**Pets In Need Action League
Application for Temporary Pet Food Assistance (continued)**

I _____ state that all information given on this application is true, and understand
(print name)

that any false information may disqualify me from receiving services through P.I.N.A.L.

I hereby release both P.I.N.A.L. and its source(s) from any liability arising from the condition of the food and further agree to indemnify and hold harmless P.I.N.A.L. and its source(s) against any and all damages, losses, claims, causes of action and suits of law or in equity or any obligation whatsoever arising out of or attributed to any action in connection with the food.

I agree to all guidelines and stipulations required by P.I.N.A.L. to receive pet food assistance.

Signature

Date

PLEASE TELL US ABOUT YOUR PET(S):

Pet #1	
Name:	_____
Dog Breed:	_____
(or) Cat:	<input type="checkbox"/>
Age:	_____
Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Size:	
• Small (2-25 lbs.)	<input type="checkbox"/>
• Med (26-60 lbs.)	<input type="checkbox"/>
• Large (> 60 lbs.)	<input type="checkbox"/>
*Spayed/Neutered:	
Y <input type="checkbox"/> N <input type="checkbox"/>	

Pet #2	
Name:	_____
Dog Breed:	_____
(or) Cat:	<input type="checkbox"/>
Age:	_____
Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Size:	
• Small (2-25 lbs.)	<input type="checkbox"/>
• Med (26-60 lbs.)	<input type="checkbox"/>
• Large (> 60 lbs.)	<input type="checkbox"/>
*Spayed/Neutered:	
Y <input type="checkbox"/> N <input type="checkbox"/>	

Pet #3	
Name:	_____
Dog Breed:	_____
(or) Cat:	<input type="checkbox"/>
Age:	_____
Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Size:	
• Small (2-25 lbs.)	<input type="checkbox"/>
• Med (26-60 lbs.)	<input type="checkbox"/>
• Large (> 60 lbs.)	<input type="checkbox"/>
*Spayed/Neutered:	
Y <input type="checkbox"/> N <input type="checkbox"/>	

Pet #4	
Name:	_____
Dog Breed:	_____
(or) Cat:	<input type="checkbox"/>
Age:	_____
Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Size:	
• Small (2-25 lbs.)	<input type="checkbox"/>
• Med (26-60 lbs.)	<input type="checkbox"/>
• Large (> 60 lbs.)	<input type="checkbox"/>
*Spayed/Neutered:	
Y <input type="checkbox"/> N <input type="checkbox"/>	

***Spayed/Neutered:** If "Yes", proof of surgical procedure must accompany Application. If "No", please visit our website or contact us for low-cost options or to determine if you are eligible for our Spay/Neuter Assistance Program (applications available on our website under **Quick Links** located on the right-hand sidebar of every page).

Mail completed Application, AND all required financial and spay/neuter documentation, to:

Pets In Need Action League
P.O. Box 12813
Casa Grande AZ 85130

~ A P.I.N.A.L. representative will contact you regarding your application ~