

Pet Food Bank Assistance Application

Pender County Animal Shelter
3280 New Savannah Rd
Burgaw NC 28425
animalshelter@pendercountync.gov
910-259-1484



To request assistance from Pender County Animal Shelter (hereinafter referred to as PCAS), please provide all the requested information. Please print legibly. You can also fill out online on our website www.pendercountync.gov/404/animal-shelter

Applicant Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Phone: _____

Requirements (Please initial your Acceptance of these Terms & Conditions)

1. I understand that I may be provided pet food for my personal pets as identified on Page 3 of this application, but it may not fulfill, all my pet’s dietary requirements. _____
2. **I understand that the food provided is DONATED and PCAS is not responsible for the quality, safety or consistency of the food being provided.** _____
3. Under NCGS & County Ordinance all pets over 4 months of age in the household must be current on rabies vaccine to be eligible for the program. _____
4. I understand PCAS provides donated food on a first come, first served basis as available and there are limitations on the volume of food that will be provided per household. _____
5. PCAS & it’s donors will not support /feed animals that are reproducing. All animals in the home must be spayed or neutered within 6 months of enrollment. If you cannot afford s/n services, we will work with you to find funding to assist with this service. IF you are found to be selling animals for profit while enrolled in this program, you will be banned. _____
6. I agree that all pets being fed thru the PCAS Assistance Program are my personal pets, they are not used for breeding or any illegal activities. _____
7. I understand PCAS will review my application every 6 months for eligibility. _____
8. I understand that hostility, vulgarity or malicious behavior towards PCAS staff will not be tolerated in person or on social media and will result in immediate removal from the program _____
9. **Selling or redistributing food obtained from PCAS will result in immediate removal from the program!** _____
10. While participating in this program you are ineligible to adopt animals from PCAS. _____

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11. Income guideline preference:

Individuals on SSI, unemployment, disability or other forms government financial assistance can bring current proof of assistance and will automatically qualify for the program. Below is the 2025 HHS Financial Assistance Guidelines that are recommended for this program. Households outside of this range will be examined on a case-by-case basis.

2025 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$15,650
2	\$21,150
3	\$26,650
4	\$32,150
5	\$37,650
6	\$43,150
7	\$48,650
8	\$54,150
For families/households with more than 8 persons, add \$5,500 for each additional person.	

*If applicant does NOT qualify for assistance thru standard guidelines staff is to document total household income here along with the reason for the need for pet food assistance.

Name of Additional Household Members:	Age	Employment Status	Monthly Income

**Staff fills out this section		Verified	Staff Initials	Date
WIC/Food Stamp	Y / N			
Social Security	Y / N			
Disability	Y / N			
Unemployment	Y / N			
Income Qualifies?	Y / N			
Copy of Gov. ID	Y / N			

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12. I understand that only one application per household is permitted _____
13. I understand that PCAS has the right to terminate or deny service and end the program at any time, without notice. _____

	Pet Name	Type	Breed	Age	Weight	Sex	Spay/neutered	Rabies Current	Staff fills in bags of food per month:
1									
2									
3									
4									
5									
6									
7									

Who is your vet to verify Rabies Vaccine information? _____

By signing this application, I understand that I am stating the above information is true, correct and complete and I agree to all the terms & conditions as set forth. I understand this program relies on donated products from the community and agree to release and hold harmless Pender County Animal Shelter, Pender County Government, it's staff, volunteers, affiliated parties; and donors from any and all liability as it relates to any health issues that may arise. You also agree that by good faith, should your situation change prior to review, you will withdraw from the program if you no longer need assistance so that resources can be distributed elsewhere.

Signature Applicant: _____ **Date:** _____

Name (printed): _____

Application Status:	Approved	Denied
Staff Member:		Income / S/N / Rabies / Fraud
Date Notified:		Other: