

Kendall County Community Food Pantry
208 Beaver St.
Yorkville, IL 60560
630-553-0473

PET FOOD ASSISTANCE APPLICATION - REVISED 2025
RECERTIFICATION - MUST OCCUR ON A YEARLY BASIS

You will be required to show one of the following verifying pet ownership:

- Proof of vaccinations
- Rabies tag
- Spay or neuter document
- Adoption document
- Dog registration
- Microchip registration

You will be required to provide:

- Breed, Name, Weight, Age, and any special needs of the pet and signed application.

Kendall County Community Food Pantry provides Pet Food as a SUPPLEMENT to your pet's diet. The amount received will not provide for all your pet's needs. Please note that all pet food is donated.

- A total of five (5) pets will be provided food. No more than 3 dogs per household.
- At no time will Pet Food be provided to new litters of puppies or kittens.
- No breeder may receive Pet Food.
- Pet Food will be distributed as available and as determined appropriate by the Pet Food Coordinator.

Please complete this application to determine eligibility for assistance. Please answer each question truthfully. All information given is kept strictly confidential. False information will be cause for denial.

In order to be considered for assistance, you **must**:

- **Agree** not to resell, redistribute, or attempt to return to a store any food or care items received from Pet Food Pantry.
- **Agree** not to hold Kendall County Community Pet Food Pantry, its volunteers, and benefactors legally liable in the unfortunate event your pet(s) become ill or the food upsets a pet's stomach. All food is donated and may not be your current brand; therefore, your pet(s) may get an upset stomach due to the introduction of new food. Pets must be a part of the family and must be maintained in a healthy environment and living conditions.
- Have met the State Department of Human Services requirements for eligibility for the Kendall County Community Food Pantry.
- **Agree** to complete a new application as determined necessary by Kendall County Community Food Pantry and have been approved as a neighbor of the pantry.
- Understand the Kendall County Food Pantry has the right to deny your application.
- **Agree** only neighbors of the Kendall County Community Food Pantry are to receive this assistance.
- **Agree** to all statements in this application.

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NAME OF PET OWNER: _____ FP #: _____

FULL ADDRESS (No P.O. Boxes accepted - street address and city required):

PHONE: _____

	Cat / Dog (circle)	Name of Pet	Breed / Any special needs	Weight	Age
Pet #1	Cat / Dog (circle)				
Pet #2	Cat / Dog (circle)				
Pet #3	Cat / Dog (circle)				
Pet #4	Cat / Dog (circle)				
Pet #5	Cat / Dog (circle)				

I attest that the information I have provided on this application is true and that giving false information will result in the disqualification of future pet food donations.

SIGNATURE OF APPLICANT: _____ DATE: _____

VERIFIED BY: _____ DATE: _____