

APPLICATION



Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ E-mail: _____ (Check if okay to contact via e-mail)

Ethnicity: _____ Caucasian _____ Asian
 _____ Native American _____ Pacific Islander
 _____ Black _____ Other
 _____ Hispanic

Number of Ages of Members in Household:
 _____ Ages 1 through Ages 17
 _____ Ages 18 through Ages 45
 _____ Ages 46 through Ages 65
 _____ Ages 66 and over

Do you receive public assistance? Yes / No:

_____ Food Stamps _____ Disability
 _____ Medicaid _____ WIC
 _____ Unemployment _____ Other _____

Staff Use Only
ID Presented: _____
Reviewed by: _____ (Staff Initial)

How did you hear about the FIDO Pet Food Bank?

Pet Dog Information

Name	Age	Weight	Special Request	Spay/Neuter
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

Pet Cat Information

Name	Age	Weight	Special Request	Spay/Neuter
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No
_____	_____	_____	_____	Yes / No

I will not hold FIDO responsible for any issues resulting from feeding my dog/cat the food received from the FIDO Pet Food Bank.

Signature: _____

Received _____ dog food bucket(s)
Signature: _____ Date _____