



Operation Feed Fido

Application for Support

A program of the Friends for the Dearborn Animal Shelter to assist low-income families, individuals, and senior citizens with the basic requirements in order to properly care for a pet.

Once this application is complete you can...

FAX IT!

313-943-2262

MAIL IT/DROP IT OFF!

ATTN: Operation Feed Fido
Friends for the Dearborn Animal Shelter
2661 Greenfield Road
Dearborn, MI 48120

Residents of Wayne County can apply for support.
Proof of residency required.

Support is only provided when supplies allow.
Support is given on a first come first served basis.

Supply cannot be given upon the return of this application.

Please understand it may take up to a week to process your application.

Applications are processed in the order in which we receive them.
A home check may be required in order to process your application.



PERSONAL INFORMATION

Legal Name: (First, Last, and Middle Initial)

Driver's License/MI ID #:

Address:

City:

State:

ZIP Code:

Home Phone:

Mobile Phone:

Work Phone:

E-mail Address: **PRINT CLEARLY**

PET INFORMATION

Name of Pet	Breed	Age	Weight in Pounds Please circle	Cat or Dog	Sex	Sterilized?
			5-20 21-45 46-50 51-100+			
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			5-20 21-45 46-50 51-100+			

Are they up-to-date on vaccinations? YES NO

Have they ever been seen by a Veterinarian? YES NO

Please list the Name, Telephone Number, and City of your veterinarian?

Do any of your pets require special diets/medical conditions? YES NO

If yes, please explain.

Are your pets sterilized (spayed/neutered)? YES NO

If no, why not?

Please do not use more than the space provided.

Terms of this program

- ✓ Food for the program is donated from various sources; therefore, we cannot guarantee that food will be available nor the quality of the food.
- ✓ You must have your membership card and bucket each time you pick up your food.
- ✓ The recipient will not be allowed to acquire more animals while participating in this program and will not be allowed to adopt from the FFDAS. Food will be provided for only 5 animals.
- ✓ Supply will only be distributed on one Saturday a month from 12:00am – 2:00pm or until supply lasts.
- ✓ Only residents of Wayne Counties can apply for support.
- ✓ Including those listed in the Application Agreement and on the Application Cover Sheet.

Application Agreement

By signing, I am declaring that the information above is correct. I agree to return food bucket(s) and withdraw from the program when I am able to afford food for my animal(s). I also understand that the FFDAS Operation Feed Fido program is intended as a supplemental food source and is not the sole source of food for my pet(s) and eligibility will be reviewed annually for the duration of this program. I agree to have my pets spayed and neutered as soon as I can. I agree not to breed my pets when receiving food from this program. Further I understand that I can be terminated from this program any time at the discretion of the Friends for the Dearborn Animal Shelter.

Signature of applicant: _____

Date: ____/____/____

FOR OFFICE USE ONLY

Received by: _____ Date: ____/____/____

Processed by: _____ Date: ____/____/____ MEM# _____

APPROVED DENIED: _____