



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you the primary person responsible for the dog's care? YES NO

If NO, please state the name of the primary person: \_\_\_\_\_

Dog's Name \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Where did you get the dog from? \_\_\_\_\_

How long have you had the dog? \_\_\_\_\_

Where is the dog primarily housed (inside/outside): \_\_\_\_\_

What do you need help with?

Vet Bills?  Training?  Food and/or Supplies?  Something else? \_\_\_\_\_

Please describe your need in detail (attach additional pages as necessary):

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Please state the total cost anticipated, and attach any quotes or receipts:

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Please describe the time frame anticipated:

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Please explain, in detail, why you need the Fellowship's assistance:

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If the Fellowship denies your request; what will happen?

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Have you requested assistance from any other resource? YES NO

If YES: where and what was the outcome? \_\_\_\_\_

Person filling out this Application:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

*If the Board has questions, or needs additional information, you will be contacted at the email you have provided.*



Project Reviewed (Date): \_\_\_\_\_

Approved for: \_\_\_\_\_ Disapproved (reason:) \_\_\_\_\_

Reviewed by:

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BOARD MEMBER

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