

**MILITARY WORKING DOG (MWD) ADOPTION APPLICATION**

*Thank you for considering the adoption of a MWD. Please take a few moments to carefully read and complete this application. The decision to adopt a MWD is one that must be taken seriously. In order to insure that you and the MWD will be happy and safe for years to come, we need to take time to discuss yours', and the animals, individual needs and personality traits. Before you begin your interview please note:*

- *You must have two forms of Identification*
- *You must provide the name and telephone number of two personal references we can reach on the phone during the interview process*
- *We will need to speak to all adults currently residing in your household*

**PERSONAL DATA**

Name (Last Name, First Name, MI)		Spouse Name (Last Name, First Name, MI)	
Home Address		Apt	
City	State	Zip Code	Home Phone ( )
Are You <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Attending school <input type="checkbox"/> Homemaker			
Employer's Name	Work Phone ( )	Spouse Employer's Name	Work Phone ( )
Address	Working Hours	Address	Working Hours
e-mail Address			

**HOUSEHOLD INFORMATION**

Are there any other adults living in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No    If you answered yes, list below the other members of the household				
Name	Employer's	Address	Work Phone	Working
1.			( )	
2.			( )	
3.			( )	
Maximum number of hours MWD will be left alone daily?		Who will be caretaker for the pet? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> Roommate		
How many children are at home?	List ages here:			
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Does your landlord/lease or co-op allow pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have screens on your windows? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Where will your pet be kept primarily? ( ) Inside ( ) Outside	<b>Are you moving?</b> ( ) Yes ( ) No If yes, when?
Are any members of your household allergic to pets? ( ) Yes ( ) No	

**PET INFORMATION**

Breed/ M or F	Age	Spay/Neuter	Years Owned?	Do you still have this pet? If not, where is it?
1.		( ) Yes ( )		( ) Yes ( ) No
2.		( ) Yes ( )		( ) Yes ( ) No
3.		( ) Yes ( )		( ) Yes ( ) No
4.		( ) Yes ( )		( ) Yes ( ) No
If there are pets living with you, have they been vaccinated? ( ) Yes ( ) No If yes, when?				
Veterinarian's Name		Address		Phone ( )

**PHONE REFERENCES** (Not living with you, but can be reached by telephone during interview)

Reference Name	Address	City, State, Zip code	Phone
			( )
			( )

**The above information is true to the best of my knowledge**

\_\_\_\_\_  
**Signature of Adopter**

\_\_\_\_\_  
**Date**



<b>I have:</b> <input type="checkbox"/> Indoor cat(s) <input type="checkbox"/> In/out cat(s) <input type="checkbox"/> Dog(s) <input type="checkbox"/> Other pets, please list
<b>The noise/activity level in my home is usually:</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
<b>When it comes to keeping a clean and tidy house I am:</b> <input type="checkbox"/> Very Particular <input type="checkbox"/> Particular <input type="checkbox"/> Easy going
<b>When it comes to pets lying/sleeping on the bed or furniture I:</b> <input type="checkbox"/> Would allow <input type="checkbox"/> Would not allow <input type="checkbox"/> Don't care
<b>I need a dog that will tolerate being alone _____ hours.</b>
<b>I would enjoy brushing or grooming my dog:</b> <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<b>I would enjoy taking my dog in the car:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Frequently <input type="checkbox"/> Once in a while
<b>I prefer a dog whose energy level is:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>I prefer a dog that:</b> <input type="checkbox"/> Will enjoy walking with me on leash <input type="checkbox"/> Will enjoy walking with me on or off leash <input type="checkbox"/> Will run, jog or hike with me <input type="checkbox"/> Will exercise him/herself in our yard <input type="checkbox"/> Requires little exercise
<b>I have or I am planning for:</b> <input type="checkbox"/> A fenced yard <input type="checkbox"/> A dog run <input type="checkbox"/> A stationary tie-out
<b>My ideal dog would:</b>  <hr/> <hr/> <hr/> <hr/>
<b>Bad dog habits I just can't tolerate:</b>  <hr/> <hr/> <hr/> <hr/>

**Please tell us anything else you would like us to know about you and why you are interested in adopting a military working dog**

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**Candidate Agreement Section**

	Initials
I agree to provide reasonable shelter. (Minimum 5 ft W x 5 ft L x 3 ft H)	
I agree to provide a fenced yard to safely contain MWD. (Minimum 6-foot fence - 200 sq ft exercise area)	
I agree to obtain and provide reasonable medical care. (Vaccinations, yearly examination, external and internal parasite control)	
I agree to notify any veterinary staff that this dog is a former military working dog	
I agree to provide adequate food and water	
I have been fully briefed on training received by this military working dog	
I understand that I need to abide by local animal control, dangerous animals, and licensing laws	
I have received a list of critical commands used to control this military working dog's behavior	
I understand I will receive a written summary of this dog's health	
I understand that all military working dogs are neutered/spayed prior to adoption	

\_\_\_\_\_  
**Owner Candidate Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

TSgt Joseph Null  
 Adoption/Disposition Coordinator  
 341 TRS/DOLM  
 1239 Knight Street  
 Lackland AFB, TX 78236-5151  
 Phone #'s (210) 671-5874 , 1-800-531-1066