

MILITARY WORKING DOG ADOPTION APPLICATION

WEBSITE: <http://www.lackland.af.mil/units/341stmwd/index.asp>

COMMERCIAL PHONE NUMBER: 210-671-3125

DSN PHONE NUMBER: 473-3125

Please save this document to your computer before completing. Please answer all questions completely. When finished, attach the saved file and email to mwd.adoptions@us.af.mil

Date: _____

Name (Last, First MI): _____

Address: _____
Street City, State Zip

E-mail: _____

Primary Phone: _____ Alternate Phone: _____

Applicant Information

Applicant's Spouse Information

Age: _____ Age: _____

Occupation: _____ Occupation: _____

Place of Employment: _____ Place of Employment: _____

Ages of Children in Household

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Ages of Adults in Household Other than Adopter and Spouse

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What type of dog are you interested in adopting (sex, breed mix, age, name)?

Describe your ideal dog:

How many other pets do you currently own or have living in your home? _____

Name of Pet	Type/Breed	Age	Gender	Spayed/Neutered
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Maximum number of hours the dog will stay alone? _____

Where will the dog stay when no one is home? _____

Where will the dog stay during the day? _____

At night? _____

Where will the dog stay when the family is out of town? _____

Will the dog be left outside unattended at any time? If yes, please explain: _____

Describe the area where you live (city, suburban, rural, yard size, etc.): _____

Own home
Rent

If you rent, do you have written permission from the property owner to adopt a pet?

Yes No

Please attach written permission from rental property owner

Do you have a fenced yard? Yes No How high is lowest part of the fence? _____

Describe your fencing and gates (type of material, etc.): _____

If you do not have a fenced yard, how will you attend to your dog's exercise and toilet needs?

If the dog you adopt is not yet housebroken, what method of house training do you plan to use?

As part of our legal binding adoption agreement, your adopted dog MUST receive veterinarian care

Veterinarian Name: _____

Address: _____
 Street City, State Zip

E-mail: _____ Phone: _____

Are your dogs on heartworm preventative? Yes No If so, what type? _____

You agree to provide your adopted dog with monthly heartworm preventatives and yearly vaccinations. Yes No

You agree to provide appropriate medical care and yearly checkups for your dog. Yes No

1. Reference Name: _____

Address: _____
 Street City, State Zip

E-mail: _____ Phone: _____

2. Reference Name: _____

Address: _____
 Street City, State Zip

E-mail: _____ Phone: _____

How did you hear about the Military Working Dog Adoption Program?
