



USWDA Cart Program Retired Military Working Dogs

Application

Date: _____

Name: _____

Address: _____

City/State: _____

Phone No: _____ Cell No: _____ Email: _____

Retired MWD's Name: _____ Tattoo/ID No: _____ Service/Branch/Unit: _____

Deployment Locations: _____ Adoption Location: _____ Breed/Weight _____

I certify that the above information to be true and correct. I also agree to return loaned Dog Wheelchair when no longer needed back to the U S War Dogs Association.

Signature: _____ Date: _____

Mail , Fax or Email this application along with an Rx Prescription from your Veterinarian for the use of a Dog Wheelchair for your retired Military Working Dog.

Send to:

United States War Dogs Association, Inc.

1313 Mt. Holly Road

Burlington, New Jersey 08016

Phone No. 609-747-9340 – Fax No: 609-747-9340

Email: ronaiello@uswardogs.org