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 (La	Spouse Name (Last Name, First Name, MI)			
Home Address	Apt					
City	State	Zip Code	Home	e Phone		
			()		
Are You						
() Working () Retired () A	Attending school	() H	Iomemaker		
Employer's Name V	Vork Phone	Spouse Employer	's	Work Phone		
()	Name		()		
Address Working Hours		Address		Working Hours		
	-			-		
e-mail Address						

HOUSEHOLD INFORMATION

Are there any other ad	ults living in the hou	usehold?								
() Yes ()) No If you answ	vered yes,	list below	the other	r me	mber	s of the h	ousehold		
Name	Employer	Employer's Addres		SS		Work Phone		Working		
1.										
						()			
2.										
						()			
3.										
						()			
Maximum number of hours MWD will be left alone daily? Who will be caretaker for the pet?										
				() Se	elf	()	Spouse	() Cł	nildren	()
				Room	Roommate					
How many children are at home? List ages										
		here:								
Do you:	Does your land	lord/leas	se or co-	op allov	N	Do	you hay	ve scree	ns on yo	our
() Own ()	pets?					wir	ndows?			
Rent	() Yes () N	Yes () No) Yes () No		

Where will your pet be kept primarily? () Inside () Outside	Are you moving? () Yes () No	If yes, when?
Are any members of your household allergic to p () Yes () No	ets?	

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 liv	ing with	n vou, have they be	een vaccinated?	·
() Yes () No				
Veterinarian's Nar	ne	Add	lress	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

SUPPLEMENTAL ADOPTION INTERVIEW FORM

The following questions will be answered to the best of the candidate's knowledge. The answers will help us make the best possible adoption decision based on the candidate's level of experience. Complete the remaining three pages before returning application, to the best of your ability. The kennel master or commander designated representative should conduct the face-to-face interview.

Questions for the candidate	e		
Applicant's Name:			
Animal's Name:	Breed:	Age:	Sex:
Why are you interested in th	is dog?		
Have you previously owned () Yes () No	a dominant dog?		
What breed types have you o	owned in the past?		
How long did you have the c	log(s)?		
Where are they now?			
Do you intend to use this dog () Yes () No	g for personal protection or	commercial property	security?
Did the dog(s) ever bite or sl individuals?		wards you/family me	mbers/or any other
() Yes () No If yes, e			
Have you ever trained a dog () Yes () No If yes, with		s did you use?	
What type of discipline/correction	s would you use with a dog?		
If the dog refused to obey a comm behavior.	and such as "get off the couch", e	explain what you would d	lo to correct this
If you returned home to find that y do? Explain what you would do to		e shoes or urinated on the	e floor what would you
If the dog needs professional train private trainer? () Yes () No		ly able to enroll the dog i	n a group class or with a
Have you applied to adopt a MV() Yes() NoIf yes, whe			
How did you hear about our add () Newspaper () Internet (-	() Other	
Someone in my home is nervous () Very (ex. bitten as a child)		experience with dogs)	() N/A

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

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

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