



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



INSTRUCTIONS:

1. Please save this document to your computer before completing.
2. Please provide all requested information to assist us in making the best dog placement.
NOTE: We are unable to process incomplete forms.
3. When finished, please attach the saved file to an email and send it to mwd.adoptions@us.af.mil.

Please consider the following requirements when applying to adopt an MWD (only the 341st Training Squadron commander can make exceptions):

- A six-foot tall fence made from either wood or chain link with no more than a 2 ½-inch gap between linking must be in place around the back yard.
- All individuals residing at the primary residence where the dog will be kept must be at least five years old.
- Prospective adopters cannot already own more than three dogs.
- Prospective adopters must identify a primary veterinarian and agree to pay for any medications the dog requires.

Wait times for adoptable dogs vary and can exceed 18 months. We follow the "first come, first served" rule based on the needs of the dog. When a dog becomes available, we offer that dog to the most suitable person who has waited longest.

Date: _____
MM/DD/YYYY

Name: _____
Last First MI

Address: _____
Street City State Zip

Email: _____

Email is our primary means of communication with adopters. It is critical that your email is entered accurately. Please double check this entry.

Primary Phone: _____

Alternate Phone: _____

Applicant Information

Applicant's Spouse/Partner Information

Age: _____

Age: _____

Occupation: _____

Occupation: _____

Place of Employment: _____

Place of Employment: _____

Ages of children in household or who visit regularly: _____

Ages of adults in household other than adopter and spouse: _____

Have all the adults in the household agreed to this adoption?

Yes No

Describe your experience with dogs: _____

Describe your ideal dog: _____

What type of dog are you interested in adopting (gender, breed, age, weight, etc.)? _____

Please note that the more specific your "wish list," the longer you may need to wait for a dog that matches.

Would you consider adopting a dog with special needs such as a physical disability or one requiring daily medication or special diet?

Yes No

Would you consider adopting a dog that cannot interact with other pets?

Yes No

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 checked="" type="radio"/> Female <input type="radio"/>	Yes <input checked="" type="radio"/> No <input type="radio"/>
_____	_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	Yes <input checked="" type="radio"/> No <input type="radio"/>
_____	_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	Yes <input checked="" type="radio"/> No <input type="radio"/>
_____	_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	Yes <input checked="" type="radio"/> No <input type="radio"/>
_____	_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	Yes <input checked="" type="radio"/> No <input type="radio"/>

If you currently own more than five pets, please include the data on the rest of your animals in the body of the email.

How many pets have you previously owned or had living in your home?

Name of Pet	Type/Breed	Gender	What happened to this pet?
_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	_____
_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	_____
_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	_____
_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	_____
_____	_____	Male <input checked="" type="radio"/> Female <input type="radio"/>	_____

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

If the dog has behavioral issues (jumping, chewing, digging, etc.), how will you deal with these issues?

Describe any occasions where you had to rehome, give away, or surrender a pet:

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?

Who will care for the dog when the family is out of town?

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

Own home?

Rent?

If you rent, please attach written permission to adopt a dog from rental property owner.

Describe the area where you live (city, suburban, rural, busy, etc.):

Describe your home and yard:

Describe your home's fencing and gates (type of material, etc.):

How high is the lowest part of the fence or gate?

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

As part of our legally binding adoption agreement, you must provide veterinarian care for your adopted dog. In order to process your application, we require your veterinarian information (we cannot process applications with blank or "N/A" entries in this section).

Veterinarian Name: _____

Address: _____
Street City State Zip

Email: _____ Phone: _____

For a healthy dog, costs of vet care (shots, flea, and heartworm preventative) food, toys, and minimal boarding and grooming can cost \$500-\$700 per year. In addition, dogs are susceptible to most diseases that afflict humans such as allergies, cancer, heart disease, arthritis, and other health issues, including emergencies.

Do you agree to provide your adopted dog with monthly heartworm preventatives and annual vaccinations? Yes No

Do you agree to provide your adopted dog with appropriate medical care and annual checkups? Yes No

Are you committed to providing medical care your veterinarian deems necessary for your adopted dog? Yes No

Some dogs can live 15 years or more. Are you prepared to commit to caring for your adopted dog for the remainder of its life, however long it may be? Yes No

Reference Name: _____

Address: _____
Street City, State Zip

Email: _____ Phone: _____

Reference Name: _____

Address: _____
Street City, State Zip

Email: _____ Phone: _____

Please check your application. We cannot process incomplete applications. Incomplete applications will be discarded without further action.

When you are satisfied with your answers, please attach the saved application file to an email and send it to mwd.adoptions@us.af.mil.