

MILITARY WORKING DOG ADOPTION APPLICATION

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

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

Prospective adopters must identify a primary veterinarian and agree to pay for any medications the dog requires.

Date: MM/DD/YYYY	Wait times for adoptable dogs vary and can exceed come, first served" rule based on the needs of available, we offer that dog to the most suitable MM/DD/YYYY		
Name:	First	МІ	
Address: Street	City	State Zip	
Email:		eans of communication with hat your email is entered ble check this entry.	
Primary Phone:	Alternate Phone:		
Applicant Information	Applicant's Spouse/Partner Info	ormation	
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 an	d spouse:		

No

Yes

Describe your experience with	dogs:					
Describe your id	eal dog:					
	g are you interested , 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.
	ider adopting a dog v requiring daily medi			a physical	Yes	No
Would you consi	ider adopting a dog t	hat cannot ii	nteract with	other pets?	Yes	No
How many other	r pets do you current	ly own or ha	ve living in y	our home?		
Name of Pet	Type/Breed	Age	Gender		Spayed/Neu	tered
			Male	Female	Yes	No
			Male	Female	Yes	No
			Male	Female	Yes	No
			Male	Female	Yes	No

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

Male

Female

Yes

No

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	Female	

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 How high is the fencing and gates (type lowest part of the of material, etc.): fence or gate?

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

		tion (we cannot process applications with blank o		
Veterinarian Na	me:			
Address:				
	Street	City	State	Zip
Email:		Phone:		
		orm preventative) food, toys, and minimal boarding and groo ans such as allergies, cancer, heart disease, arthritis, and oth		
	provide your adopted dog nd annual vaccinations?	g with monthly heartworm	Yes	No
Do you agree to annual checkups		g with appropriate medical care and	Yes	No
Are you commit for your adopte		are your veterinarian deems necessary	Yes	No
		you prepared to commit to caring for life, however long it may be?	Yes	No
Reference Name	e:			
Address:	Street	City, State		Zip
Email:		Phone:		
Reference Name	e:			
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.