

Military Animal Project (805) 551-1168

www.militaryanimalproject.com

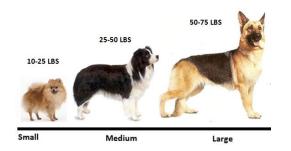
Fax: 877-559-1972

Dog Adoption Application

IMPORTANT: Whenever possible Military Animal Project (MAP) obtains its dogs from shelters/Rescues and therefore the dog will be a mixed breed. Military Animal Project will NOT be able to match you with a specific breed of dog (Boxer, German Shepherd, Great Dane, etc.).

- 1. You may indicate the size of dog you would like to be matched (but not breed, gender, color, etc.) We will do our best with the match but can not guarantee.
- 2. You may advise us of particular breeds that you do not want to be matched.
- 3. The most important criteria Military Animal Project utilizes to select dogs is: (1) temperament, (2) sociability and (3) personality.
- 4. All dogs shed. Dogs that don't shed (poodles, Yorkshire terriers, etc.) require grooming every 4-6 weeks (Approximately \$65-\$85/MO)

Describe Your Dog's Personality:	
Preferred/Size & Activity Level:	



Personal Information

Name:	Age	e:/	
Address:			
City:	State:	Zip:	
Married: Divorce	d: Single:	Widowed:	
Cell Phone:	E	:mail:	_
Employer's Name:		Position:	
Work Schadula:			

willtary Service				
Branch: Army	Marines	Air Force	Navy	_ Coast Guard
Did you serve in Theater:	Yes	No		
Did you serve in any Conf	flicts/Campaig	ns/Major Events? Yes	No	
If Yes, name each Conflic	ts/Campaigns	/Major Events served in: _		
Years of Deployment for e	each Conflicts/	Campaigns/Major Events:		-
MOS:				
Job Description:				
Rank (from your DD214, e	e.g. E-4):	_		
Unit:				
Emergency Co	ntact			
Name of Emergency Con	tact:		_	
Emergency Cell Phone: _				
Emergency Contact Emai	l:			
Reference				
Name of Reference (cann	not be a relativ	e or your Emergency Con	tact):	
Reference Cell Phone:				
Reference Contact Email	:			
Household				
How many people live (or	routinely visit)	in your household?	adults	children (18 & under)
What are the names & ag	es of the adult	s and children that are in t	the house?	
If there is more than 1 add Military Animal Project?	ult in the home	, are all other adults in the	e home 100% :	supportive of you adopting a dog from
Yes No	If No, explain:			
Do any family members h	ave allergies t	o animals or asthma?		
Yes No				
Home				
Do you rent or own? Rent	t Ov dlord allow pet	Apartment/Townhou vn s? Yes No If yes How much is the pet depos	s, what are the	e restrictions?

How long have you lived at your <u>current</u> address? Years
If residing at present address for less than two years, complete the following:
Former Address (street, city, state, ZIP) Own Rent
Do you currently have a fenced yard? Yes No
If yes, what kind? How high is the fence?
What is your family's lifestyle like? Active and on the go Quiet and relaxed
Entertain frequently Lots of kids in and out Travel frequently
What does a typical day look like for you in terms of activities (attend school, work, watch tv, play sports, rest, write, hobbies)?
Why did you decide you wanted to get a dog?
What are you looking for in your dog?
Who will be responsible for taking care of the dog?
How many hours per day will the dog be alone?
Where will the dog stay when no one is at home?
Where will the dog stay when you are home?
Where will the dog stay at night?
How long and how often will you exercise your dog?
Who will care for your dog when you are out of town or unavailable (vacation, need to have surgery, etc.)?
Where do you intend to take your dog (please be specific)? If you state "everywhere" please elaborate the specific locations:
Under what condition(s) would you have to give up your dog?
Pet Ownership
What pets do you <u>CURRENTLY</u> have in your household?
Current Pet (Dog, cat, bird, etc):

Name of Pet:			
Spayed/Neutered? Yes No			
Age			
Does your current dog welcome all other dogs? Yes No If No,			
explain:			
Name and address of veterinarian/animal clinic:			
If you have no current pets, please list <u>PREVIOUS</u> pets that you have owned in the last	10 years.		
Previous Pet (Dog, cat, bird, etc):			
Name of Pet:			
Spayed/Neutered? Yes No			
Age			
What happened to this pet? (why do you no longer have this pet):			
Name and address of veterinarian/animal clinic:			
If you have owned more than 2 pets in 10 years, please attach an additional sheet to provide this inform	ation at the state of the state		
Are you financially able to pay for the costs of owning a dog which would be likely a minimum of \$1,200 (annual check ups, vaccines, heartworm preventative, flea/tick medicine, grooming, toys/bones, food, be approximately \$100 to \$150 per month? Yes No			
Do you know how heartworm disease is contracted by dogs? Yes No			
you currently own a dog, what is the name of your current heartworm prevention program?			
Will you allow us to contact your current/previous veterinarian for a reference check? Yes No _			
If yes, please provide name the name of your veterinarian, the clinic's name and telephone number:			
Veterinarian's Name:			
Name of Clinic or Animal Hospital:			
Address of Clinic or Animal Hospital:			
Signature: Date:			
By completing and submitting the application to Military Animal Project, I attest that all of the information I have provided in this application is true and correct. an application does not guarantee adoption. I understand that if I do adopt a Military Animal Project dog, I will sign a contract and this application will become painformation contained in this application is found to be false, I understand that the adoption contract will be considered null and void, and the dog will be immediately	art of that contract. If any		
STATEMENT OF NONDISCRIMINATION: In compliance with Federal, State, and local equal employment opportunity laws, qualified applicants are considered for all positio color, creed, religion, ancestry, sex, national origin, pregnancy, sexual orientation, age, physical handicap or disability, veteran status, marital status, or status with regard to			
REQUIRED DOCUMENTS TO PROCESS YOUR APPLICATION			
Please check the boxes below to ensure you have all of the required information be	fore you		
ubmit your application:			
Letter from your Doctor or Therapist			
Completed Adoption Application (you can Email or Fax)			
Copy of your Driver's License (you can take a photo and email)			
Copy of your DD214 (you can take a photo and email)			
Please return this application and required documents by email or Fax to: nardu@militaryanimalproject.com Fax: 877-559-1972			