



National Explosives Detection Canine Team Program
341TRS/TSA Canine Breeding and Development Center
1320 Truemper Street Bldg 9122 Ste 2
Lackland AFB, Texas 78236
Office (210) 671-1624 Fax (210) 671-1705

Puppy Adoption Application

Thank you for considering the adoption of a TSA dog. Please take a few moments to carefully read and complete this application. The decision to adopt a dog is one that must be taken seriously. In order to insure that you and the dog will be happy and safe for years to come, you and your family need to take the time to discuss your and the animals individual needs and personality traits to make sure this is a good match. Before completing the application please note:

- ✓ We have a continual need for good adoption homes. However, we may not have dogs immediately available for adoption.
- ✓ Qualified applications are kept in the order they were received and pups are adopted on a first come first serve basis.
- ✓ We only have Labrador Retrievers for adoption and they are highly active dogs.
- ✓ The adoptee is responsible for ALL shipping cost and for making ALL shipping arrangements.
- ✓ There is no cost for the adoption.
- ✓ We will spay/neuter all dogs prior to adoption.
- ✓ The pups will be vaccinated, with a copy of their medical records, and a three month supply of flea and heartworm preventive.
- ✓ They are not AKC registered.
- ✓ Most of the pups are raised in a foster home, but they are not necessarily “trained” or house broken.
- ✓ We may ask to speak with all adults currently residing in your household as well as two personal references.
- ✓ We may request to visit the home where the dog will reside.
- ✓ We have the right to refuse any adoption.

Sincerely,

The TSA Canine Breeding and Development Center
Staff

Personal and Household Data

| | |
|---|-----------------------|
| Name (List all individuals in the home and their ages.) | Address, City and Zip |
| Home Phone (Please indicate with a * the best number to reach you.) | Cell Phone |
| Work Phone | Email |
| List the number of adults employed outside the home, their type of employment and their regular work hours. | |
| What type of vehicle do you drive? | |
| Can your vehicle be used to transport a dog? | |
| If you have a truck, how will you transport the dog? | |
| Is anyone in the home allergic to dogs? () Yes () No | |
| Do you own or rent your home? | |
| If renting, does your landlord, lease or co-op allow pets? () Yes () No | |
| Are you planning to move within the next 6 months? () Yes () No | |
| What is the approximate size of your backyard and the type, height, and age of the fencing? | |
| Do the gates on the fence lock? () Yes () No | |
| If you DO NOT have a fenced yard, who will exercise the dog, what type of exercise will it receive and how often? | |
| What is the maximum number of hours the dog will be left alone daily? | |
| Where will the dog be kept primarily? () Inside () Outside () Both | |
| Where will the dog be kept during the day, at night, or when you are not at home? | |

What will happen to the dog if you go on vacation or in the event of an emergency?

Why do you want to adopt a dog?

Describe your experience level when dealing with dogs. (i.e. pet owner, have trained obedience in a classroom setting, worked with Search and Rescue dogs, field trail work, etc.)

What type of behavior do you find unacceptable in a pet dog and what would you do to correct it?

Pet(s) Data (Please list all of the pets from current to five years prior.)

| Breed or type of pet | Sex | Age | Neutered /Spayed | Last vaccinations | Owned for how long? | Where is the pet now? |
|----------------------|-----|-----|------------------|-------------------|---------------------|-----------------------|
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Veterinarian's Data

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|--|---------|-------|
| Name of Clinic and Doctor | Address | Phone |
| Do we have your permission to request information from your veterinarian? () Yes () No | | |
| How far is the nearest Emergency Vet Clinic from your residence? | | |

Personal References (please do not list family or individuals residing in the same residence)

| | | |
|------|---------|-------|
| Name | Address | Phone |
| Name | Address | Phone |

How did you hear about the program? (If referred please specify name of individual who referred you.)

Until such time the original Covenant Not to Sue with Indemnity Agreement has been signed by the adoptee in front of a notary and returned to TSA Canine Breeding and Development Center we reserve the right to refuse any adoption.

I certify that the above information is true and understand that false information may result in the nullification of this adoption.

Signature of Adoptee

Date

Dog or preference interested in adopting
(Any specifications could result in a longer waiting period.)

Privacy Act Statement

The following information is provided to comply with Privacy Act (PL93-579). 5 U.S.C. 301 authorizes the acceptance of this information requested on this form. The data will be used to contact applicants and to interview, screen and select them for volunteer assignment. Furnishing this data is voluntary.

Office use only:

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|---|
| Interview date and staff member conducting interview- |
| Applicant Interview- |
| References Interview- |
| Veterinarian Interview- |
| Home Visit- |
| Recommendations, concerns, and discussion- |
| Notes- |

Accepted () Denied ()