

# MAL-FFUNCTIONS DISQUALIFIED MILITARY WORKING DOG RESCUE ORG

A 510.3.c Organization

Date: \_\_\_\_\_

## Adoption Application

Our goal is to place previously adopted Disqualified Military Working Dogs in permanent, loving homes. Please complete this application so we can assist you in finding a special, compatible companion to join your family. With this information, we can minimize the risk of a failed adoption. **We do not adopt our dogs on a "first come, first served" basis, but rather try to match families to available dogs. PLEASE NOTE: All animals are the legal property of Mal-Ffunctions until the requisite Adoption Contract is signed, all requirements of the Contract are met, and the adoption fee is received. The dogs are placed in permanent homes at our discretion. If, for any reason, you are unable to continue to keep the dog, the dog must be surrendered back to Mal-Ffunctions Disqualified Military Working Dog Rescue. Mal-Ffunctions may refuse to adopt to anyone without providing a specific reason.**

Our adoption fees help to defray the costs of testing and vaccinating our pets, treatment of parasites, any necessary immediate veterinary or behavioral care. These fees do not cover the expenses. Our animals are tested for parasites, heartworm tested and evaluated for temperament.

<b>Please print clearly. (Must be at least 21 years of age to adopt.)</b>	
	Date of Birth: _____
YOUR NAME: _____	Email: _____
Name of animal in which you are interested: _____	

### Release for Veterinary Reference (to be completed by potential adopter)

I \_\_\_\_\_, hereby give permission for any veterinarian providing service to me to release medical information on any/all of my animals, to Mal-Ffunctions.

\_\_\_\_\_  
(Signature)

My current veterinarian is \_\_\_\_\_, located at \_\_\_\_\_, and

can be reached at (\_\_\_\_\_) \_\_\_\_\_. [If you do not have a veterinarian reference, please provide two personal references in the space provided at the end of this form.]

**A rescued animal will have a period of adjustment, which may be from three weeks to a few months. Are you willing to commit to this adjustment period and follow recommendations for a smooth transition?**

Yes  No

**Are you willing to provide for the transportation of the dog from San Antonio or Foster to your home?**

Yes  No

1. Address (Include City & Zip):

\_\_\_\_\_  
\_\_\_\_\_

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2. Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
3. Name and ages of all persons in the home: \_\_\_\_\_  
\_\_\_\_\_
4. Do you live alone or have a family?  
\_\_\_\_\_
5. **Does everyone in the household want this particular dog** \_\_Yes \_\_No
6. Does anyone in the household have allergies? \_\_Yes \_\_No  
If so, are they allergic to animal dander? \_\_Yes \_\_No
7. Do you have children? \_\_Yes \_\_No  
What are their ages? \_\_\_\_\_
8. Do you have grandchildren? \_\_Yes \_\_No  
If yes, please provide ages: \_\_\_\_\_
9. Do they live in the home, or visit frequently? \_\_Yes \_\_No  
How often do they visit? \_\_\_\_\_
10. Do you \_\_Own \_\_Rent \_\_House \_\_Apartment How long at this residence? \_\_\_\_\_
11. If renting, does your lease permit pets? \_\_Yes \_\_No  
Are there breed or weight restrictions? \_\_Yes \_\_No Describe: \_\_\_\_\_  
\_\_\_\_\_
12. Is there a pet deposit required (if yes, we will require proof that deposit was paid)? \_\_Yes \_\_No  
Landlord's Name and Phone Number: \_\_\_\_\_  
\_\_\_\_\_
13. Do you have a fenced yard? Yes No  
What type and Height?  
\_\_\_\_\_  
\_\_\_\_\_
14. Is the yard secured? \_\_Yes \_\_No Describe: \_\_\_\_\_
15. Do you have a pool? \_\_Yes \_\_No  
If so, is the pool fenced off? \_\_Yes \_\_No
16. Are you a member of a Homeowner's Association? \_\_Yes \_\_No  
If so, do you have a copy of the bylaws, policies, regulations etc. especially as they relate to owning a pet?  
\_\_Yes \_\_No
17. Have you ever owned a dog of this breed before? \_\_Yes \_\_No
18. Describe your experience with working dogs or Belgian Malinois/Shepherds  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
19. Employer: \_\_\_\_\_
20. What are your hours? \_\_\_\_\_
21. Spouse/Partner's Employer: \_\_\_\_\_  
What are their hours? \_\_\_\_\_
22. How many hours would your pet be alone while you are at work?  
\_\_\_\_\_  
\_\_\_\_\_
23. Where will the pet stay while you are gone?  
\_\_\_\_\_  
\_\_\_\_\_
24. Do you have a pet door? \_\_Yes \_\_No
25. Are you willing to install one? \_\_Yes \_\_No

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26. If "no", how do you plan to handle the pets elimination needs while you are not home?

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27. Where will the dog sleep?

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28. Have you ever housetrained a dog?  Yes  No

If "yes" please describe how it was done:

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29. Have you ever used an e-collar?  Yes  No Have you used a Starmark Collar?  Yes  No

Describe:

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30. Are you willing to purchase and obtain training on the use of these collars if advised?  Yes  No

31. Do you or your spouse/partner travel frequently?  Yes  No How often?

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32. What will you do with the pet when you travel?

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33. What will you do with the pet if you have to move?

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34. Are you willing/able to purchase and use a crate if needed or advised?  Yes  No

35. Are you familiar with the DoD Military Working Dog Puppy Foster Program?  Yes  No

Have you been an approved foster with the program?  Yes  No When: \_\_\_\_\_

Name of puppy(ies) fostered: \_\_\_\_\_

36. Are you willing to foster a Disqualified Military Working Dog prior to adoption?  Yes  No

37. Are you willing to dog sit a Disqualified MWD or MWD puppy prior to adoption?  Yes  No

38. Are you willing/able to attend approved obedience or training classes with the dog?  Yes  No

39. Are you familiar with Agility, Schutzhund Clubs or other Working Dog Clubs?  Yes  No

40. Have you been a member of one of these clubs?  Yes  No

41. Are you familiar with the term "Socialization"?  Yes  No

42. Are you prepared to correctly socialize your dog with other people and dogs?  Yes  No

43. Do you consider yourself to be:  Very active  Moderately Active  Seldom Active

44. How do you plan to exercise your dog?

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45. Have you ever owned a rescue dog?  Yes  No

If so, where did they come from?

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46. Have you ever provided foster care to a dog?  Yes  No Describe: \_\_\_\_\_

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47. Do you volunteer on a regular basis with any rescue or dog related organization?  Yes  No

Describe: \_\_\_\_\_

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48. Have you ever applied to another organization and been declined?  Yes  No

If "yes", please explain:

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49. Have you ever relinquished or re-homed a pet?  Yes  No

If so, why? \_\_\_\_\_

50. Where did this pet end up? \_\_\_\_\_

51. Is there a limit on the amount you could spend on your dog for medical care?  Yes  No

52. How much is too much? \_\_\_\_\_

53. Is there a limit on the amount you could spend on your dog for training?  Yes  No

54. How much is too much? \_\_\_\_\_

55. Will you obtain pet insurance?  Yes  No

56. What qualities are you specifically looking for in a pet?

57. What traits or characteristics are you sure you do NOT want?

58. Do you have other pets in the home?  Yes  No **Complete the Pet Ownership History**

59. Do you give permission for an Mal-Ffunctions representative to visit your home prior to adoption both before and after adoption to do follow up?  Yes  No

## Pet Ownership History

Please provide details about any current or past pets you have had. If needed, please write on the back or attach another sheet.

1.

**Pet Name:** \_\_\_\_\_  Dog  Cat  Other \_\_\_\_\_

Where did you acquire this pet? \_\_\_\_\_

Length of Ownership: \_\_\_\_\_ Age of Animal: \_\_\_\_\_

Male  Female  Spayed  Neutered

Breed/Description: \_\_\_\_\_

Size: \_\_\_\_\_ Weight: \_\_\_\_\_

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Heartworm Preventative given?  Yes  No Kind and Date of last treatment: \_\_\_\_\_

Date of Last shots: DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_

Where did this pet sleep?

\_\_\_\_\_

Where did this pet stay while you were away from home?

\_\_\_\_\_

Were there any medical or behavioral issues? Please describe:

\_\_\_\_\_

\_\_\_\_\_

Where is this pet now?

\_\_\_\_\_

## 2.

**Pet Name:** \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Where did you acquire this pet?

\_\_\_\_\_

Length of Ownership: \_\_\_\_\_ Age of Animal: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered

Breed/Description:

\_\_\_\_\_

Size: \_\_\_\_\_ Weight: \_\_\_\_\_

Heartworm Preventative given?  Yes  No Kind and Date of last treatment: \_\_\_\_\_

Date of Last shots: DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_

Where did this pet sleep?

\_\_\_\_\_

Where did this pet stay while you were away from home?

\_\_\_\_\_

Were there any medical or behavioral issues? Please describe:

\_\_\_\_\_

\_\_\_\_\_

Where is this pet now?

\_\_\_\_\_

## 3.

**Pet Name:** \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_\_\_

Where did you acquire this pet?

\_\_\_\_\_

Length of Ownership: \_\_\_\_\_ Age of Animal: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered

Breed/Description:

\_\_\_\_\_

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Size: \_\_\_\_\_ Weight: \_\_\_\_\_

Heartworm Preventative given?  Yes  No Kind and Date of last treatment: \_\_\_\_\_

Date of Last shots: DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_ Rabies \_\_\_\_\_

Where did this pet sleep?

Where did this pet stay while you were away from home?

Were there any medical or behavioral issues? Please describe:

Where is this pet now?

## Please provide 2 personal or professional references as related to your animals.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email : \_\_\_\_\_ Phone Number: \_\_\_\_\_

How long known: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email : \_\_\_\_\_ Phone Number: \_\_\_\_\_

How long known: \_\_\_\_\_ Address: \_\_\_\_\_

## My signature affirms that all statements above are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Spouse Signature

Date

Please complete, scan (OR PHOTOGRAPH) and return via email to: [malfunction@gmail.com](mailto:malfunction@gmail.com)

<https://www.facebook.com/MalFFunctionsRescue>