



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 MalFfunctions 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. All have been spayed or neutered and some may have had a gastropexy.

Please print clearly. (Must be at least 21 years of age to adopt.)

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

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1. Address (Include City & Zip):

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

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18. Describe your experience with working dogs or Belgian Malinois/Shepherds

19. How many hours would your pet be alone while you are at work?

20. Where will the pet stay while you are gone?

21. Do you have a pet door? Yes No

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

23. Where will the dog sleep?

24. Have you ever housetrained a dog? Yes No If "yes" please describe how it was done:

25. Have you ever used an e-collar? Yes No Have you used a Starmark Collar? Yes No Describe:

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

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

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

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

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

31. Have you been an approved foster with the program? Yes No When: _____

32. Name of puppy(ies) fostered: _____

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

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

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

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

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

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

39. How do you plan to exercise your dog?

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

If so, where did they come from?

44. Have you ever provided foster care to a dog? Yes No Describe: _____

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

Describe: _____

46. Have you ever applied to another organization and been declined? Yes No If "yes", please explain:

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

If so, why? _____

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

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

51. Do you have other pets in the home? Yes No Species/Breed and Age:

52. 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

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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 _____

Briefly describe the pet?

Length of Ownership: _____ Age of Animal: _____

Heartworm Preventative given? Yes No

Were there any medical or behavioral issues? Please describe:

Where is this pet now?

2.

Pet Name: _____ Dog ___ Cat ___ Other _____

Briefly describe the pet?

Length of Ownership: _____ Age of Animal: _____

Heartworm Preventative given? Yes No

Were there any medical or behavioral issues? Please describe:

Where is this pet now?

3.

Pet Name: _____ Dog ___ Cat ___ Other _____

Briefly describe the pet?

Length of Ownership: _____ Age of Animal: _____

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Heartworm Preventative given? Yes No

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

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