

## ADOPTION APPLICATION

**Instructions:** Carefully read this form and complete the application accordingly. Completed applications can be returned by U.S. Mail Department of Homeland Security - TSA Canine Training Center (CTC) - ATTN: Adoption Program - 2700 Craw Avenue, Building 7337, JBSA-Lackland, TX 78236-5217; Fax: (210) 671-4911; or by email using the submit button at the bottom of the application or send the application as an attachment to [adoptatsacanine@tsa.dhs.gov](mailto:adoptatsacanine@tsa.dhs.gov)

**Requirements:** Applicants must have a secure fenced yard. The age of children in the home and the breed of the dog being adopted will be taken into consideration. There should be no intentions of moving within six months of adopting a dog. Homes must abide by all local pet ordinances. All pets in the home must have current vaccinations and preventative care. Applicants will be required to travel to the TSA CTC to meet and pick-up the dog. There is a continual need for good homes; however, there may not be dogs immediately available for adoption. Wait time will increase if there is breed, gender, age, or color specifications. Qualified applications are kept in the order they were received. Once, contacted, dogs are adopted on a first come first serve basis. The dogs are highly active in most cases, untrained and not house broken. Once a dog is selected, the adoption typically takes (3) to (5) business days, but may take longer.

### SECTION I. Household Information *(print legibly)*

List names of the primary applicant (last, first, MI) and the names of the adults in the home. Only list the ages of children in the household who are under 18 (no name required).

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Address *(street, city, state, zip)*

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Phone

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Primary Email

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List the adults employed outside the home, type of employment and regular work hours.

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Do you own or rent your own home? *(Attach written permission/lease agreement if applicable)*  Rent  Own

Are you moving within the next 6 months?

Yes  No

Do you have a secure fenced yard? *(Underground or electric fences do not qualify for the program and are not considered secure.)*

Yes  No

What is the size of your backyard? *(List the type and height of the fencing.)*

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Where will the dog be kept when someone is home?

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Where will the dog be kept when no one is home?

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Where will the dog be kept at night? <input type="text"/>	Where will the dog be kept if you go on vacation? <input type="text"/>	What is the maximum number of hours the dog will be left alone? <input type="text"/>
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What is your dog ownership experience?

Do you have dog training experience?

Do you have experience with crate training a dog?

Do you have experience with large breed dogs?

Is anyone in the home allergic to dogs?

Yes  No

Why do you want to adopt a dog from TSA CTC?

What characteristics are you **NOT** willing to work with?

What would you do to correct unwanted behaviors?

What type of dog are you interested in adopting? *(Being breed, gender, color, or age specific will lengthen your wait time)*

**SECTION II. Personal References** *(Please do not list family members or individuals residing in the same residence.)*

Name <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>
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Name <input type="text"/>	Email <input type="text"/>	Phone <input type="text"/>
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**SECTION III. Pet Information** *(Additional pets can be listed in an email or handwritten on an additional sheet of paper.)*

Breed or Type of Pet <input type="text"/>	Gender <input type="text"/>	Age <input type="text"/>
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Spayed or Neutered <input type="text"/>	Last Vaccinations <input type="text"/>
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Flea Preventative Type <input type="text"/>	Heartworm Preventative Type <input type="text"/>
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Where are they housed <input type="text"/>
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Breed or Type of Pet <input type="text"/>	Gender <input type="text"/>	Age <input type="text"/>
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Spayed or Neutered <input type="text"/>	Last Vaccinations <input type="text"/>
---	--

Flea Preventative Type <input type="text"/>	Heartworm Preventative Type <input type="text"/>
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Where are they housed <input type="text"/>
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Breed or Type of Pet	Gender	Age
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Spayed or Neutered	Last Vaccinations	
Flea Preventative Type	Heartworm Preventative Type	
Where are they housed		

**SECTION IV. Veterinarian Information** (A veterinarian must be provided. If you do not have a veterinarian, list the one you will use after you adopt a dog.)

Name of Clinic

Address

Phone	Email	Do we have your permission to request information from your veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How did you hear about the program?

- I am aware the dog is located at the TSA CTC in San Antonio, Texas. If selected, it will be my responsibility to transport the dog from the CTC facility to my home.
- I agree to provide heartworm and flea preventatives, vaccinations, and any necessary medical care for the duration of the dog's life

By signing this document I attest to the fact that the above information is true and I understand that providing false information may result in the nullification of this adoption.

Signature of Adopter      Date

**Privacy Act Statement:** AUTHORITY: 49 USC § 555; 41 CFR § 102-36-30; 41 CFR § 102-36.35(d); and 41 CFR § 102-36.365. **PRINCIPAL PURPOSE(S):** This information will be used to manage the canine adoption process at the TSA Canine Training Center. **ROUTINE USES(S):** This information may be shared with the Department of Defense (DoD) Military Working Dog program in accordance with 10 USC § 372(a), and under the Privacy Act including routine uses identified in the TSA system of records, DHS/TSA-006 Correspondence and Matters Tracking Records. **DISCLOSURE:** Furnishing this information is voluntary; however, failure to provide the requested information may prevent TSA from approving the application.

**Paperwork Reduction Act Statement:** TSA will use the information to determine the suitability of respondents to adopt TSA canine. This is a voluntary collection. It is estimated that the total annual burden per response associated to this collection is approximately 10 minutes. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a valid OMB control number. The control number assigned to this collection is OMB-1652-XXXX, which expires XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to TSA PRA Officer, 601 S. 12th Street, Arlington, VA 20598-6011. ATTN: PRA 1652-XXXX.