DEPARTMENT OF HOMELAND SECURITY Transportation Security Administration

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 send the application as an attachment to 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, out 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 he household who are under 18 (no name required). Address (street, city, state, zip) Phone Primary Email ist the adults employed outside the home, type of employment and regular hours 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? Do you have a secure fenced yard? (Underground or electric fences do not qualify for the program and are not considered secure.) No Yes Yes What is the size of your backyard? (List the type and height of the fencing.) Where will the dog be kept when someone is home? Where will the dog be kept when no one is home? Where will the dog be kept at night? Where will the dog be kept if you go on What is the maximum number of hours vacation? the dog will be left alone?

What is your dog ownership exp	erience?		
Do you have dog training experience?		Do you have exper	ience 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 NO	T willing to work with?		
What would you do to correct un	wanted behaviors?		
What type of dog are you interes time)	ted in adopting (Being b	reed, gender, color, o	r age specific will lengthen your wait
	s (Please do not list family members or inc		
Name	Email		Phone
Name	Email		Phone
Section III. Pet Information (Ad	 ditional pets can be liste	ed in an email or hand	written on additional sheet of paper.)
Breed or Type of Pet	Gender Gender		Age
Spayed or Neutered	Last Vaccinations		Flea Preventative Type
Heartworm Preventative Type	Where are they housed?		<u>I</u>
Breed or Type of Pet	Gender		Age
Spayed or Neutered	Last Vaccinations		Flea Preventative Type
Heartworm Preventative Type	Where are they housed?		
Breed or Type of Pet	Gender		Age
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Heartworm Preventative Type	Where are they housed?			
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Charled or Naritored	Last Vaccinations	Clas Drayantativa Type		
Spayed or Neutered	Last vaccinations	Flea Preventative Type		
Heartworm Preventative Type	Where are they housed?			
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Spayed or Neutered	Last Vaccinations	Flea Preventative Type		
Spayed of Nedlered	Last vaccinations	l lea Freventative Type		
Heartworm Preventative Type	Where are they housed?			
Section IV. Veterinarian Inform you will use after you adopt a dog		ded. If you do not have a veterinarian, list the one		
you will use after you adopt a do	g. <i>)</i>			
Name of Clinic				
Address				
Address				
Phone	Email	Do we have your permission to request		
		information from your veterinarian?		
		Yes No		
How did you hear about the program?				
I am aware the dog is locat	ed 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.				
information may result in the nullification of this adoption.				
	Date:			
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 this 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-1652-0067, which expires 08/31/2020. Send comments regarding this burden estimate or any other aspect of this collection including suggestions for reducing this burden to TSA PRA Officer, 601 S. 12th Street, Arlington, VA 20598-6011. ATTN: PRA 1652-0067.