



T6 CANINE ACQUISITION APPLICATION

EMAIL: t6wt@t6wt.com

OFFICE PHONE NUMBER: 806-790-9985

Date: _____ (NOTE: FOR ALL MILITARY APPLICANTS – A COPY OF THEIR DD214 IS REQUIRED)

Name: (Last, First MI)			Email:
Address:			Primary Phone Number:
City:	ST:	Zip:	Alternate Phone Number:

Applicants Information

Applicant's Spouse Information

Age:		Age:	
Occupation:		Occupation:	
Place of Employment:		Place of Employment:	
Military Status:		Military Status:	
Branch and Dates of Service		Branch and Dates of Service	

Ages of Children in the Household:

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Ages of Adults in the Household other than Adopter and Spouse:

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What type of dog are you interested in?

Describe your ideal dog?

How many other pets do you currently own or have living in your home? _____

Type/Breed	Age	Gender		Spayed - Neutered		Comments
		Male	Female	Yes	No	

Maximum number of hours the dog will stay alone? _____

Where will the dog stay when no one is home? _____

Where will the dog stay? _____

during the day? _____ At night? _____

Where will the dog stay when the family is out of town? _____

Will the dog be left outside unattended at any time? Yes No

If yes, please explain: _____

Describe the area where you live (city, suburban, rural, yard size, etc.): _____

Do you own your home? Yes No

Are you willing to have a home visit by one of T6 Canine Handlers? Yes No

Do you Rent? Yes No If you rent, do you have written permission from the property owner to acquire a canine? Yes No Please attach written permission from rental property owner.

Do you have a fenced yard? Yes No How high is lowest part of the fence? _____

Describe your fencing and gates (type of material, etc.): _____

If you do not have a fenced yard, how will you attend to your dog's exercise and toilet needs?

If the dog you adopt is not yet housebroken, what method of house training do you plan to use?

As part of our legal binding agreement, your canine MUST receive veterinarian care. If you do not have a veterinarian, this can be discussed later.

Name of Clinic:	Name of Veterinarian:
Address:	Primary Phone Number:
City: ST: Zip:	Other:
Email:	

Are your dogs on heartworm preventative? Yes No If so, what type? _____

You agree to provide your adopted dog with monthly heartworm preventatives

and yearly vaccinations? Yes No

You agree to provide appropriate medical care and yearly checkups for your

dog? Yes No

Personal References:

Reference #1	Name:	Address:	Phone:	Email:
Reference #2	Name:	Address:	Phone:	Email:
Reference #3	Name:	Address:	Phone:	Email:

Date: _____ Signature: _____

How did you hear about T6 Canine Program? _____

If you need help completing or filling out an application, please do not hesitate to contact us and we will be more than happy to assist you.