



Potential Adoption Applicant Questionnaire

This must be completed by the primary person who would take responsibility for an adopted K-9

PLEASE COMPLETE AND RETURN VIA EMAIL to info@warriordogfoundation.org
OR U.S. POSTAL MAIL to our address below, ATTN: Adoptions.

1. Please provide the first and last name, mailing address, phone number and email for the primary person wishing to adopt. This is the person who would be responsible for, and who would be handling a retired K-9 Warrior.

Name:

Cellular number:

Land Line:

Address:

City/State/Zip:

Email:

2. You must own your home and have an entirely fenced back yard. Please provide photos of the property.
3. How long have you lived at this residence?
4. What was your previous address if you have been at your current location less than 5 years?

8700 Stonebrook Pkwy #2196, Frisco, TX 75034 855.927.3647 www.warriordogfoundation.org
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5. How many adults currently live in the home?
Please provide ages of all other residents and relationships to primary person.

6. Please write why you are interested in adopting one of our Warrior Dogs. Please include the K-9 experience/background of the primary responsible person.

7. Please provide two references for your experience relate to K-9 handling. Please include daytime and evening contact information.

8. Different breeds of dogs can live for a certain amount of time. Do you understand the average length of time this breed of dog may be able to live? Are you prepared financially to support all potential needs (nutrition, exercise/recreation, appropriate enclosure, medical care) of a retired working K-9?

