



Complete and return via email or fax.

SOC Working Dog

Adoption Application

The SOC adoption process starts with obtaining information about a potential adopter via this application. If the application is approved the adopter will be placed on a list and will receive preference for all upcoming adoptions. When a canine becomes available you will receive an email with the canines Photo, Short Biography and Medical Information. Most of the canines are flown to JFK Airport once they are retired and travel arrangements can be made from there.

Name of dog interested in adopting: _____(Not required)

Today's date: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Home Telephone: _____ Work/Cellular Telephone: _____

Email: _____

Reference #1: Veterinarian Information – Required for all applicants who own or have owned a companion animal. Please provide the name, location, and telephone number of the veterinarian(s).

Reference #2: Please provide the name, location, and telephone number of someone who knows you well and is not related to you.

Do you have a particular type of dog you are looking for? ___Yes ___No

If so, please specify –

Breed: _____ Size: _____ Gender: _____ Age Range: _____

15002 Suite 100 Northridge Drive,
Chantilly, VA 20151
Phone: (703) 955-5742 | Cell: (202) 494-6531 | Fax: (703) 378-8615
Michael.Jenkins@SOC-usa.com



Do you have a fenced yard? Yes No

If YES, please describe the fenced area and type of fencing:

If NO, what type of containment will you use?

If you have indicated preferences, are you flexible? Yes No

Are you willing to adopt a dog that...

Is not completely housebroken? Yes No

Is not reliable with children? Yes No

Has a physical deformity or handicap? Yes No

Requires ongoing medication for a medical condition? Yes No

Do you own any pets? Yes No

If so, please list each pet in your home:

Pet #1 Name: _____

Species: _____

Breed: _____

Age: _____ M or F

Spayed/Neutered? Yes No

Up to date on vaccinations? Yes No

On HW preventative? Yes No

Pet #2 Name: _____

Species: _____

Breed: _____

Age: _____ M or F

Spayed/Neutered? Yes No

Up to date on vaccinations? Yes No

On HW preventative? Yes No

Pet #3 Name: _____

Species: _____

Breed: _____

Age: _____ M or F

Spayed/Neutered? Yes No

Up to date on vaccinations? Yes No

On HW preventative? Yes No

Pet #4 Name: _____

Species: _____

Breed: _____

Age: _____ M or F

Spayed/Neutered? Yes No

Up to date on vaccinations? Yes No

On HW preventative? Yes No

* Use a blank page if more space is required

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If you own cats, have they been exposed to dogs? ___Yes ___No

Have you ever owned a dog that is no longer living with you? ___Yes ___No
If YES, what was the dog's name(s), and what happened to the dog(s)?

Please describe what you know or assume about retired working dogs?

How much would you expect to spend annually on medical care for a healthy dog?

Please list the ages of the occupants of your household.

How often, on average, do other people visit your home?

Explain briefly how you will introduce visitors to your dog.

How have you taught your children (or how would you teach visiting children) to interact with a retired working dog?

Who will be the primary caregiver for this dog?

Who will care for the dog when the primary caregiver is away – at work or on vacation?



How many hours will the dog be left at home alone during the day, and where will the dog be kept during those hours?

Do you own your home or rent? ___ Own ___ Rent

If you rent, is your landlord agreeable to having a dog? ___ Yes ___ No.

Where will the dog sleep?

How will you provide exercise for you dog?

I certify that the information provided on this application is accurate. I understand that withholding of information or giving false information will result in a refusal to adopt a Retired SOC Working Dog.

Applicant's Signature or Digital Signature: _____