



## McKie's K-9s PROGRAM APPLICATION

Your Name	Spouse's Name
-----------	---------------

Last First Middle Initial

Address	City	County	State	Zip
---------	------	--------	-------	-----

Home Phone ( ) \_\_\_\_\_

Do you have a fenced yard? Yes\_\_\_ No \_\_\_ Do you have children? Yes\_\_\_ No \_\_\_

Cell Phone ( ) \_\_\_\_\_

Age(s) of children: \_\_\_\_\_

Is anyone in your home allergic to dogs? Yes\_\_\_ No\_\_\_ Is anyone in your home afraid of dogs? Yes \_\_\_ No\_\_\_

If yes to above questions, please note who in the household \_\_\_\_\_

Have you ever owned a dog? Yes \_\_\_ No\_\_\_ Will there be other pets living at the residence? Yes\_\_\_ No\_\_\_

Please provide brief info about pet(s) living at currently living at the residence

\*Name, Species, Gender, Age (Reply N/A if not applicable)

---

---

---

Please provide Veterinarian's Name, Address and Telephone #

\*(Reply N/A if not applicable)

---

---

---

Please provide any and all medical conditions:

---

---

---

---

Applicant's Signature:

---

Date

Application Received By:

---

Jason McKie Foundation Representative

Date