



United States Working Dogs Association

Military Working Dog Service Award

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Retired MWD's Name: _____

Tattoo: _____ Dates of Service: _____

Branch of Service: _____ Breed: _____ Sex: _____

Unit: _____

Deployment Locations: _____

Do you want a dog bed for your retired MWD? _____

Do you want a personalized collar for your MWD? _____

*What is neck measurement for your MWD? _____

I certify the above information is true and correct.

Signature: _____ Dates: _____

Email this application along with copies of your retired Military Working Dogs adoption papers to mwdaward@uswardogs.org.