



USWDA Rx Program Retired Military Working Dogs

Application

Yes! Sign my retired Military Working Dog Up.

Date: _____

Name: _____

Address: _____

City/State: _____

Phone No: _____ Cell: No: _____

Email: _____ Fax No: _____

Retired MWD's Name: _____ Tattoo/ IDNo: _____

Service/Branch/Unit: _____

Dates: Served: _____

Deployment Locations: _____

Adoption Location: _____

List Prescription Medications only: Do not List Over the Counter Drugs..

I certify that the above information to be true and correct.

Signature: _____ Date: _____

Mail, Fax or Email this application along with all copies of your Retired Military Working Dogs adoption papers to:

CALL CUREXA PHARMACY – 855-927-0390 and press “0”

FAX – 609-927-0392 or 609-927-8902

EMAIL – rx@curexa.com

IMPORTANT!!!

If Curexa does not have a particular medication or will not cover it, then the adoptive family must obtain the medication from their veterinarian at their own expense.