



# USWDA Cart Program Retired Military Working Dogs

## Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

Retired MWD's Name: \_\_\_\_\_ Tattoo/ID No: \_\_\_\_\_ Service/Branch/Unit: \_\_\_\_\_

Deployment Locations: \_\_\_\_\_ Adoption Location: \_\_\_\_\_ Breed/Weight \_\_\_\_\_

I certify that the above information to be true and correct. I also agree to return loaned Dog Wheelchair when no longer needed back to the U S War Dogs Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail , Fax or Email this application along with an Rx Prescription from your Veterinarian for the use of a Dog Wheelchair for your retired Military Working Dog.

Send to:  
United States War Dogs Association, Inc.  
1313 Mt. Holly Road  
Burlington, New Jersey 08016  
Phone No. 609-747-9340 – Fax No: 609-747-9340  
Email: ronaiello@uswardogs.org