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GUIDELINES FOR REQUESTING DISPOSITION INSTRUCTIONS FOR MILITARY WORKING DOGS

- *A package must be submitted from the Accountable Unit Commander (AUC) to the 341st TRS. Army or Air Force packages must be submitted through their MAJCOM with an information copy provided to their Service MWD Program Manager. Navy or Marine packages must be submitted through their chain of command to their Service MWD Program Manager. Packages must contain the following:*
 - A letter requesting disposition instruction identifying the apparent cause of failure and a summary of retraining efforts or medical problem. Include the following as attachments to the request letter:
 - Training Documentation
 - Training records from start of training issue to present
 - Last 6 months of training records if not a training issue
 - Medical Documentation - Copies
 - Vet letter to Unit Commander
 - Consultation/Referral Form from Veterinarian (medical problems ONLY)
 - Master Problem List
 - DD Form 1829 (most recent)
 - Relevant SF 600's (from medical record) including last 3 pages
 - Relevant radiology or diagnostic report
 - Bite-Muzzle Video (for formerly patrol trained dogs if deemed suitable for adoption by AUC)
- **Possible outcome from the Disposition Board**
 - **Excess:** The AUC can legally begin the process of removing the MWD from his/her inventory by whichever means he/she deems is appropriate within his/her legal right.
 - Review Adoption Suitability Checklist
 - Adopt (after bite muzzle video is reviewed by 341TRS)
 - Transfer to Law Enforcement if medically eligible
 - Euthanasia (after consultation with 341TRS Veterinary Service)
 - **Not-excess** (Disposition Board deems MWD should not be removed from Inventory)- in other words- should stay on duty
 - **Training Aid** (Authorization to return MWD to 341TRS for possible use as Student Training)

MEMORANDUM FOR (Your MWD Program Manager)

FROM: (Unit Address)

SUBJECT: Request for Disposition Instructions

1. Military Working Dog (MWD) (Name/Brand) is a (age, sex, breed, training classification) dog (synopsis of problem and what has been done to try to correct the problem; for example, *that has been medically reclassified from CAT II to Cat IV. This dog can no longer effectively and consistently perform her patrol duties due to her non-reversible medical condition [see enclosed veterinarian memorandums for specific medical problems and diagnosis]. Along with her not being fit to accomplish her patrol dog task, her detection abilities are diminishing as well. This MWD still has the desired behavior to perform both functions, but due to her age and deteriorating health, her body simply can no longer keep-up with the physical demand of our mission. It our opinion as well as our servicing Veterinary Officer that continued training and utilization of this animal will only accelerate her medical condition to the point where she will be subjected to unnecessary pain and suffering.*)

2. This MWD's temperament is (provide a recommendation; for example, usefulness as a training aid at the 341TRS, suitable for adoption, euthanasia).

3. Request this MWD be declared excess to the (Service/MAJCOM) and package forwarded to the 341 TRS for final disposition instructions. For additional information please contact (Kennel Master's name, phone, etc)

(Signature Block of
Accountable Unit
Commander)

2 Attachments

1. Training documentation
2. Medical documentation
3. Bite Muzzle Video with results/comments (*If Applicable*)

1st Ind, (MAJCOM or Service MWD Program Manager)

TO: 341 TRS/TTL

Concur/Nonconcur.

(Signature Block of MWD Program
Manager)

MILITARY WORKING DOG (MWD) ADOPTION SUITABILITY CHECKLIST

MWD NAME _____ TATTOO #: _____

This checklist is to be used by the Accountable Unit Commander (AUC) and the Veterinary Corp Officer (VCO) supporting the AUC. (Strongly encourage the AUC and VCO include the Kennel Master and Trainer for consultation.)

| Kennel Master | Y | N | Veterinary Corps Officer | Y | N |
|--|---|---|---|---|---|
| 1. Have you observed the MWD's behavior? | | | 1. Have you conducted a physical exam of MWD? | | |
| 2. Does MWD have a history of being over-aggressive or territorial? (i.e., possessive of run, vehicle, food pan) | | | 2. Does MWD have a severely debilitating condition or one that threatens life/limb? (VCO will attach completed DD Form 1829. Severely debilitating conditions will prohibit adoption of an MWD) | | |
| 3. Does MWD have history of unprovoked bites? | | | 3. Does MWD have moderate to severe pain that I cannot manage medically? | | |
| 4. Is dog tolerant around strangers? | | | 4. Does MWD medical record indicate a history of aggressive behavior problems? (i.e., bite quarantines) | | |
| 5. Can different handlers easily handle this MWD with voice or physical controls? | | | 5. Has MWD demonstrated aggression against handlers? | | |
| 6. Does MWD come up the leash? | | | | | |
| 7. Does MWD display aggression when threatened? | | | 6. Has MWD shown aggression towards persons other than against a decoy or suspect? (i.e., Veterinarian, veterinary technician) | | |
| 8. Will this MWD be suitable going to a family with children? | | | 7. Are there other circumstances the dog responds to with unexpected, inappropriate, or unpredictable behavior? | | |
| 9. Does the MWD aggress towards children? | | | | | |
| 10. Is MWD excessively aggressive against/ around other animals? | | | 8. Are there particular settings where the dog is extremely difficult or impossible to control? | | |
| 11. Is the MWD a dog-fighter? | | | | | |
| 12. Does MWD aggress or show fear of loud noises? (i.e., gunfire, thunder, fireworks) | | | 9. Is this MWD a danger to himself or others? | | |

Kennel Master/Date

VCO Signature/Date

After review of this checklist I determine this MWD is / is not a candidate for adoption.

Accountable Unit Commander

DATE

Protocol for Bite Muzzle Testing Of Patrol-Trained Military Working Dogs as Potential Adoption Candidates

Purpose:

This protocol is designed to safely assess the interest of a Military Working Dog (MWD) to attack (on command) a human training decoy both when wearing and when not wearing a bite sleeve and/or suit. The protocol is also used to assess the relative interest of the MWD in the decoy and the training equipment, both when the decoy is stationary and when the decoy threatens the dog or its handler. The protocol is only an assessment tool, and is used only under the veterinary direction and under appropriate training supervision. It is not designed to be used repeatedly for training or other purposes. The results of the test have value only when combined with other information in providing an assessment of unsuccessful patrol performance.

Procedure:

This protocol is performed with the MWD on-leash and in a controlled area. Before the test is accomplished, the following should be available:

1. The subject dog on a 360" leash with a handler other than its usual handler. The handler will wear civilian clothing
2. One or two properly trained decoys wearing civilian clothing
3. One or more bite sleeves (depending on need)
4. A bite suit (if needed)
5. The training supervisor and/or kennel master
6. The correct size of a bite muzzle
7. A video recorder and operator
8. Record all observations on the attached evaluation sheet

The test is run as follows:

1. Instruct all participants regarding the operation of the protocol (ensure that safety is stressed as the most important issue).
2. Fit the MWD snugly with the bite muzzle and ensure that it cannot be pulled off the dog. The dog will wear the bite muzzle throughout the test. The test will be terminated immediately if the dog removes (or partially removes) the muzzle, or if it appears overly tired or distressed.
3. Set up the first problem with a single decoy without sleeve or bite suit approximately 20 feet from the dog and handler. During this test, the dog will remain on a slack 360 leash (worn for safety purposes).
4. The decoy will approach the dog and handler. During this exchange, the handler will not provide the dog with any commands or direction. The handler may use the leash to control the dog for safety purposes.
5. At approximately 10 feet, the decoy will begin a verbal exchange with the handler, simulating an argument. After approximately 1 minute of animated argument, the decoy will approach and make contact with the handler,

pushing, shoving and grabbing at the handler's sleeves and collar (but not knocking the handler down or striking the handler). The decoy will continue the simulated verbal and physical assault for approximately 1 minute. Rate the dog's response to the decoy using the scale below.

6. The decoy will next turn attention to the dog, and verbally assault and threaten (but not strike) the dog with hands, arms, and feet. Rate the dog's response to the decoy using the scale below.
7. Take a 5 to 10 minute break, then return to the test area.
8. In this second sequence, a decoy wearing bite sleeve and/or bite suit will begin the test at approximately 10 feet from the handler and properly muzzled dog.
9. The handler will command the dog to attack, and the dog's behavior assessed for approximately 1 minute using the scale below.
10. The dog will recover the MWD to a "heel" position.
11. Take a 5 to 10 minute break, and then return to the test area.
12. The test defined above, as the second sequence will be repeated without the bite wrap and/or suit. The equipment should be left on the ground approximately 10 feet to the side of the decoy.

Behavioral measures in this protocol are coded numerically, as follows. A single score for "Attack" and "Contact Length", "Contact Behaviors", and "Attempted Bite Locations" will be assigned for the dog's performance for each of the three problems (a total of 12 series of numbers should be recorded for the entire test (e.g. Test 1 - A: 1, C:1, B:0, L:0 Test 2 - A:4, C:2, B:1,2,3, L:6(neck) Test 3 - A:3, C:3, B:2,3, L:1,2,3)

Attack:

1. Dog did not attack the decoy
2. Dog began attack, but broke off attack before contact
3. Dog hesitated during attack, but contacted decoy
4. Dog attacked immediately
5. Other (describe)

Contact length:

1. Dog did not contact decoy
2. Dog contacted the decoy one or more times, but did not maintain attack for more than 15 seconds
3. Dog contacted the decoy one or more times, maintained the attack for more than 15 seconds, but broke off the attack before recall or test end
4. Dog contacted the decoy one ore more times and maintained the attack until recalled or test end
5. Other (describe)

Contact Behaviors (indicate all that apply):

0. No Contact Attempts
 1. Dog used muzzled snout to maintain contact
 2. Dog used front legs to maintain contact

3. Dog vocalized (growl, snarl, whine) during contact
4. Other (describe)

Attempted Bite Locations (indicate all that apply):

0. No attempts
1. Arms
2. Hands
3. Legs
4. Feet
5. Trunk
6. Other (describe)

For the first setting only (decoy with no equipment and no attack command) please rate the dog using the following list (e.g. P:2,5)

Evidence of "Protective" behaviors (select all that apply):

1. Dog retreated from "threat" (or from decoy "threatening" the handler), and remained at a distance during the "threat"
2. Dog retreated, but returned to location of "threat" one or more times, but did not contact the decoy
3. Dog retreated, but returned and contacted the decoy
4. Dog remained during "threat" but did not contact the decoy
5. Dog remained during "threat" and contacted the decoy
6. Other (describe)

Outcome:

The results of the test and any comments are forwarded to, Disposition Coordinator 341 TRS/TTL1239 Knight St, Lackland AFB TX 78236-5151, DSN 473-3125, 473-3402 (FAX). Vet Clinic, DSN 473-3991, Fax 473-2308. The results are evaluated and a report of findings and recommendations are returned to the unit and to the attending veterinarian.

BITE MUZZLE ASSESSMENT FORM

| | |
|-----------------------------|--|
| Date: | |
| Dog Name and Tattoo: | |
| Handler: | |
| Decoy: | |
| Recorder: | |

| | |
|---------------------------------|--|
| Test 1 | Decoy with no equipment, no attack command |
| Attack | |
| Contact Length | |
| Contact Behaviors | |
| Attempted Bite Locations | |
| Protective Behaviors | |

| | |
|---------------------------------|--|
| Test 2 | Decoy with equipment, attack command given |
| Attack | |
| Contact Length | |
| Contact Behaviors | |
| Attempted Bite Locations | |

| | |
|---------------------------------|---|
| Test 3 | Decoy with no equipment, attack command |
| Attack | |
| Contact Length | |
| Contact Behaviors | |
| Attempted Bite Locations | |

Kennel Master / Date

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LOCATING CANDIDATES TO ADOPT MILITARY WORKING DOGS (MWD)

1. Potential Candidates:

- (a) Law enforcement or government agencies
- (b) Former handlers
- (c) Other persons capable of safely and humanely caring for animal

2. Use the following to search for candidates:

- (a) Base paper
- (b) City paper
- (c) Local animal shelters and animal rescue organizations (Shelters and rescue organizations can only provide candidate names and will not be part of the adoption process.)

3. If you cannot find an individual in the local area, access the 341st Training Squadron web site at dodmwd.lackland.af.mil and provide the following data or mail this information to 341 TRS/TTLMI, 1239 Knight St, Lackland AFB TX 78236-5631 or phone DSN 473-3125, Commercial (210) 671-3125.

- (a) Name:
- (b) Age:
- (c) Location:
- (d) Summary of Medical Issues:
- (e) Summary of Temperament Issues:
- (f) Photograph

MILITARY WORKING DOG (MWD) ADOPTION APPLICATION

Thank you for considering the adoption of a MWD. Please take a few moments to carefully read and complete this application. The decision to adopt a MWD is one that must be taken seriously. In order to insure that you and the MWD will be happy and safe for years to come, we need to take time to discuss your and the animals individual needs and personality traits. Before you begin your interview please note:

- *You must have two forms of Identification*
- *You must provide the name and telephone number of two personal references we can reach on the phone during the interview process*
- *We will need to speak to all adults currently residing in your household*

PERSONAL DATA

| | | | |
|--|-------------------|---|-------------------|
| Name (Last Name, First Name, MI) | | Spouse Name (Last Name, First Name, MI) | |
| Home Address | | Apt | |
| City | State | Zip Code | Home Phone () |
| Are You <input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Attending school <input type="checkbox"/> Homemaker <input type="checkbox"/> Other | | | |
| Employer's Name | Work Phone () | Spouse Employer's Name | Work Phone () |
| Address | Working Hours | Address | Working Hours |
| e-mail Address | | | |

HOUSEHOLD INFORMATION

| | | | | |
|--|---|--|------------|---------|
| Are there any other adults living in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, list below the other members of the household | | | | |
| Name | Employer's | Address | Work Phone | Working |
| 1. | | | () | |
| 2. | | | () | |
| 3. | | | () | |
| Maximum number of hours MWD will be left alone daily? | | Who will be caretaker for the pet? <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Children <input type="checkbox"/> | | |
| How many children are at home? | List ages here: | | | |
| Do you: <input type="checkbox"/> Own <input type="checkbox"/> | Does your landlord/lease or co-op allow pets? | Do you have screens on your windows? | | |
| Where will your pet be kept primarily? <input type="checkbox"/> Inside <input type="checkbox"/> Outside | | Are you moving? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? | | |
| Are any members of your household allergic to pets? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

PET INFORMATION

List below any pets you have owned in the past 5 years:

| Type of pet | Age | Spayed/Neute | Years | Do you still have this pet? If not, |
|---|-----|----------------|-------|-------------------------------------|
| 1. | | () Yes () | | () Yes () No |
| 2. | | () Yes () No | | () Yes () No |
| 3. | | () Yes () | | () Yes () No |
| 4. | | () Yes () | | () Yes () No |
| If there are pets living with you, have they been vaccinated? () Yes () No If yes, when? | | | | |
| Veterinarian's Name | | Address | | Phone () |

PHONE REFERENCES (Not living with you, but can be reached by telephone during interview)

| Reference Name | Address | City, State, Zip code | Phone |
|----------------|---------|-----------------------|-------|
| | | | () |
| | | | () |

The above information is true to the best of my knowledge

Signature of Adopter

Date

| |
|--|
| <p>When it comes to keeping a clean and tidy house I am: <input type="checkbox"/> Very Particular <input type="checkbox"/> Particular <input type="checkbox"/> Easy going</p> |
| <p>When it comes to pets lying/sleeping on the bed or furniture I: <input type="checkbox"/> Would allow <input type="checkbox"/> Would not allow <input type="checkbox"/> Don't care</p> |
| <p>I need a dog that will tolerate being alone _____ hours.</p> |
| <p>I would enjoy brushing or grooming my dog: <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly</p> |
| <p>I would enjoy taking my dog in the car: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Frequently <input type="checkbox"/> Once in a while</p> |
| <p>I prefer a dog whose energy level is: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low</p> |
| <p>I prefer a dog that: <input type="checkbox"/> Will enjoy walking with me on leash <input type="checkbox"/> Will enjoy walking with me on or off leash <input type="checkbox"/> Will run, jog or hike with me <input type="checkbox"/> Will exercise him/herself in our yard <input type="checkbox"/> Requires little exercise</p> |
| <p>I have or I am planning for: <input type="checkbox"/> A fenced yard <input type="checkbox"/> A dog run <input type="checkbox"/> A stationary tie-out</p> |
| <p>My ideal dog would:</p> <hr/> <hr/> <hr/> <hr/> |
| <p>Bad dog habits I just can't tolerate:</p> <hr/> <hr/> <hr/> <hr/> |
| <p>Please tell us anything else you would like us to know about you and why you are interested in adopting a military working dog</p> <hr/> <hr/> <hr/> <hr/> |

Candidate Agreement Section

| | Initials |
|--|----------|
| I agree to provide reasonable shelter. (Minimum 5 ft W x 5 ft L x 3 ft H) | |
| I agree to provide a fenced yard to safely contain MWD. (Minimum 6-foot fence - - 200 sq ft exercise area) | |
| I agree to obtain and provide reasonable medical care. (Vaccinations, yearly examination, external and internal parasite control) | |
| I agree to notify any veterinary staff that this dog is a former military working dog | |
| I agree to provide adequate food and water | |
| I have been fully briefed on training received by this military working dog | |
| I viewed the video showing building search, obedience course, attack, reattack, and detection | |
| I understand that I need to abide by local animal control, dangerous animals, and licensing laws | |
| I have received a list of critical commands used to control this military working dog's behavior | |
| I have received a written summary of this dog's health | |
| I understand that all military working dogs are neutered/spayed prior to adoption | |

Owner Candidate Signature

Date

Witness

Date

CONVENANT NOT TO SUE WITH INDEMNITY AGREEMENT

STATE OF: _____

CITY OF: _____

Know all by these present that the Department of Defense, United States Government, has delivered by means of transfer, unto _____, thereafter referred to as ("RECIPIENT") the following described military working dog, thereafter referred to as ("MWD"), to wit: _____.

Recipient, in consideration of the transfer of above referenced MWD, the receipt of which is hereby acknowledged, does hereby covenant and agree with the United States Government and the Department of Defense, through its agents and representatives, that recipient, or his/her heirs, assigns, executors of administrators, will never institute or in any way aid in the institution of any suit, action at law, or make any claim against the United States Government, Department of Defense, or any employee or servant thereof, for or by reason of any damage, loss, or injury either to person or property or both or wrongful death, which may be caused directly or indirectly by the above described MWD, however and whenever the same may be caused.

And in further consideration of the transfer of said MWD, recipient hereby agrees to indemnify both at law and equity, the United States Government, and Department of Defense, and any and all servants or employees thereof, against any and all claims for injury or damages, compensation or otherwise, which may arise at anytime whatsoever, and which are attributable directly or indirectly to the above described MWD, or to any training given the above described MWD by the United States Government or Department of Defense, and to reimburse or make good any loss or damages or cost the United States Government, Department of Defense, or any servants or employees thereof may have to pay if litigation arises on account of any claims made by Recipient, its successors, or assigns, or by any other party, whatsoever, who may institute any type of claim against the United States Government and Department of Defense, or against any servant or employee thereof.

Notwithstanding any other provision of law, the United States Government and the Department of Defense shall not be held liable for any veterinary expense or treatment of any kind associated with the transfer of an MWD as stated herein for any condition of the MWD before transfer under this agreement, whether or not such condition is known at time of transfer under this agreement.

Recipient further makes the promise that the MWD will not be used for any illegal purpose, police or security related activity, private business activity, substance detection either public or private nor be given or sold to another person in consideration of the transfer of the above described MWD to recipient by the United States Government and the Department of Defense, through its agents or representatives' receipt of which is hereby acknowledged. In making this agreement, the recipient acknowledges that the above mentioned MWD has received Air Force aggressiveness (Patrol) training, and having such knowledge, said owner, as a condition of being the recipient of the MWD, thus freely and voluntarily accepts all risks and consequences of the future conduct and acts of the dog.

DOG'S NAME: _____

TATTOO: _____

Signature and print Address/Telephone
Number of adopting individual or Agency/Dept

Agent/Representative of DoD and the United States
Government

Date

Date

NOTARY PUBLIC: _____