| Italian Greyhound Rescue FoundationADOPTION APPLICATION | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant | | | | | | | | | |
| Name: | | | | | | | | | |
| Physical Address (including City/State/Zip): | | | | | | | | | |
| Primary Phone: | | Work: | | | | Mobile: | | | | |
| Email: | | | | | | | | | |
| Occupation: | | | | | | | | | |
| Spouse/Partner Name and Occupation: | | | | | | | | | |
| Best Time to Call: | | | | | | | | | |
| RESIDENCE | | | | | | | | | |
| Single-family dwelling  Condominium  Apartment | | | | | Own  Rent  Living with Relatives | | | | |
| **For Renters:** *(information will be verified)*  Pet deposit required  Pet deposit paid  Pets are allowed with no restrictions  Pets are allowed with limits (describe): | | | | | Landlord Name: | | | | |
| Landlord Phone: | | | | |
| Type of fence: | | Height: | | | Gate is accessible from exterior:  Yes  No | | | | |
| If yard is not securely fenced, are you able to leash-walk multiple times daily so dog may relieve himself?  Yes  No  If no, explain alternative: | | | | | | | | | |
| Do you have a dog door:  Yes  No | | | | | Will dog have access to yard when no one is home:  Yes  No | | | | |
| *Please check if your home has the following:* | | | | | | | | | |
| Stairs  Balconies  Tall decks | | Pool (fenced)  Pool (unfenced) | | | | | | Lawn/garden service  Yard chemicals | |
| Do local ordinances or homeowner/condo association rules limit the number, size or type of pet you may own?  Yes  No  If yes, please describe: | | | | | | | | | |
| PeTS | | | | | | | | | |
| **Pet History, Past 10 Years** | | | | | | | | | |
| Name | Species | Breed | | | | | | Age | Status (Living/Surrendered/Lost/Deceased) |
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| Pets are current on vaccinations:  Yes  No (Explain if no) | | | | | | | | | |
| Dogs are current on heartworm preventative:  Yes  No (Explain if no) | | | | | | | | Type/Brand: | |
| Pets are spayed/neutered:  Yes  No (Explain if no) | | | | | | | | | |
| Have you ever bred a pet?  No  Yes (in the past )  Yes (currently breed)  Explanation: | | | | | | | | | |
| Veterinarian: | | | | | | | | Phone: | |
| I authorize you to contact my veterinarian for a reference | | | | | I do not authorize you to contact my veterinarian for a reference | | | | |
| HOME LIFE | | | | | | | | | |
| **Members of Household** | | | | | | | | | |
| Name | | | |  | | | Hours away from home | | |
|  | | | | Age: | | |  | | |
|  | | | | Age: | | |  | | |
|  | | | | Age: | | |  | | |
|  | | | | Age: | | |  | | |
|  | | | | Age: | | |  | | |
| Will any children be responsible for care of the Italian Greyhound?  Yes  No (Explain) | | | | | | | | | |
| Do any household members have pet allergies?  Yes  No Describe: | | | | | | | | | |
| Do you travel frequently?  Yes  No | | | Describe pet care arrangements while traveling: | | | | | | |
| Do you have frequent visitors in your home?  Yes, adults  Yes, children  No | | | | | | | | | |
| Select the best activity level description for your home:  High  Moderate  Low | | | | | | | | | |
| Where will your dog stay when no one is home? | | | | | Where will he stay at night? | | | | |
| Loose in home  Crate  Basement  Garage  Fenced yard  Dog run  Chained/tied  Outside kennel  Loose outdoors  Other (Explain: ) | | | | | Loose in home  Crate  Basement  Garage  Fenced yard  Dog run  Chained/tied  Outside kennel  Loose outdoors  Other (Explain: ) | | | | |
| How do you feel about animals on the furniture? | | | | | | | | | |
| Are you aware there is a period of adjustment for newly-adopted dogs which may include such behaviors as housetraining accidents, digging, howling, or undesirable behavior?  Yes  No | | | | | | | | | |
| Have you housetrained a dog before?  Yes  No | | | | | Have you crate-trained a dog before?  Yes  No | | | | |
| Do you object to using a crate or securely-lidded exercise pen?  Yes  No (If yes, explain) | | | | | If recommended, would you be willing to purchase a crate or exercise pen?  Yes  No | | | | |
| Are you planning to paper-train?  Yes  No | | | | | | | | | |
| If a dog has a housetraining accident or makes some other mistake, please describe your method of correction: | | | | | | | | | |
| Do you plan to attend obedience or other training classes/activities with your dog?  Yes  No Describe: | | | | | | | | | |
| Describe what and how often you plan to feed your Italian Greyhound: | | | | | | | | | |
| Describe how you will provide your Italian Greyhound with exercise: | | | | | | | | | |
| preferences | | | | | | | | | |
| Is the Italian Greyhound to be adopted as a gift?  Yes  No For whom: | | | | | | | | | |
| I prefer to adopt:  Male  Female | | Under 6 months  6 months – 2 years  2 years – 7 years  8 years – 11 years  Senior | | | | | | I will consider dogs with medical special needs  I will consider dogs with behavioral special needs  I will consider adopting a bonded pair  I will consider dogs other than my stated preference | |
| ADOPTION | | | | | | | | | |
| Have you applied to any other Rescue Groups?  Yes  No  If yes, was your application approved?  Yes  No (Explain: ) | | | | | Group name, contact, and phone number: | | | | |
| Have you ever given an animal away or surrendered one to a shelter/Rescue Group? ?  Yes  No (Explain: ) | | | | | | | | | |
| Are you willing and able to financially responsible for all routine, necessary and emergency care for your adopted dog?  Yes  No | | | | | | | | | |
| Are you aware that a representative will perform a pre-adoption home visit before an adoption will be considered for approval?  Yes  No | | | | | | | | | |
| Are you aware that we require adopted dogs to be returned to an IGRF Representative in the event you can no longer care for the dog?  Yes  No | | | | | | | | | |
| Are you willing to allow a post-adoption follow up visit?  Yes  No | | | | | | | | | |
| References | | | | | | | | | |
| Please provide two non-family references who will be willing to provide first-hand knowledge of your ability to care for an adopted dog. Personal and veterinary references will be verified and will impact your ability to adopt. | | | | | | | | | |
| Name | | | | | | Phone | | | |
|  | | | | | |  | | | |
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| Please describe why you would like to adopt an Italian Greyhound from IGRF and provide any other information you feel may be helpful: | | | | | | | | | |
| INFORMATION AND REQUIREMENTS | | | | | | | | | |
| It is vital to keep your Italian Greyhound ON A LEASH AT ALL TIMES outdoors if not in a fenced area. Italian Greyhounds are sighthounds and will chase small moving objects regardless of danger, including rabbits, birds, and squirrels. NEVER ‘trust’ your Italian Greyhound won’t run away!  You must agree to keep your Italian Greyhound as a pet in your home as a part of your family. This breed should not be kept outdoors or left outside unattended for any extended period of time.  You must agree to have your rescue dog wear an identification tag at all times. IGRF will provide all rescue dogs with an identification tag free of charge.  You must agree to maintain necessary vaccinations recommended by your vet and be responsible for licensing your dog according to regulations in your community.  You must contact the IGRF Representative and provide notification of any change in contact information from that listed on this application.  You must notify the IGRF Representative if you cannot keep your rescue dog for any reason. The rescue dog may not be given to a humane shelter, other rescue group, or individual, without the consent of IGRF.  The adoption donation is dependent on the age and location of the dog and is non-refundable. The IGRF Rescue Fund is maintained by the IGRF Treasurer. The IGRF Rescue fund is comprised of donations from those interested in the well-being of the breed, and adoption donations.  IGRF reserves the right to refuse any adoption.  ***I CERTIFY THAT I HAVE READ THE ABOVE AND AGREE TO ABIDE BY THE REQUIREMENTS SET FORTH. IF I QUALIFY AND RECEIVE AN ITALIAN GREYHOUND FROM IGRF, I WILL ACCEPT FULL RESPONSIBILITY FOR THIS ITALIAN GREYHOUND***. | | | | | | | | | |
| Signature: | | | | | | Date: | | | |
| Signature: | | | | | | Date: | | | |
| Return your completed application to your local representative: | | | | | | If local representative is not available:  Email: [igcitng@sbcglobal.net](mailto:igcitng@sbcglobal.net)  Mail: IGRF  344 Hilltop Dr  North Aurora, IL  60542 | | | |
| Feel free to contact your local representative periodically concerning the status of your pending application. | | | | | | | | | |
| Form AA-07042020 | | | | | | | | | |