

APPLICANT					
Name:					
Physical Address (including City/State/Zip):					
Primary Phone:	Work:		Mobile:		
Email:	Email:				
Occupation:					
Spouse/Partner Name and Occupation:					
Best Time to Call:					
	RES	SIDENCE			
 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:			
Type of fence:	Height: Gate is accessible from exterior: Yes No		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: \Box Yes \Box 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 If yes, please describe:	on rules limit the number,	, size or ty	/pe of pet you m	hay own? 🗆 Yes 🗆 No	



PETS					
Pet History, Past 10 Years					
Name	Species	Breed		Age	Status (Living/Surrendered/Lost/Deceased)
Pets are current on vaccination	ls: □ Yes □ No (Ex	plain if no)			
Dogs are current on heartworm preventative: \Box Yes \Box 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 m	tact my veterinarian for a reference		ou to contact my veterinarian for a reference		
			OME LIFE		
		Members	s of Household		
Na	me			Hou	rs away from home
		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?	es 🗆 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: \Box 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?	<u> </u>			
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? \Box Yes \Box No				
Have you housetrained a dog before? Yes No	Have you crate-trained a dog before? \Box Yes \Box No			
Do you object to using a crate or securely-lidded exercise pen?	If recommended, would you be willing to purchase a crate or exercise pen? □ Yes □ No			
Are you planning to paper-train? \Box Yes \Box 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	



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:



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Return your completed application to your local representative or print and email to:

Alice Espey Italian Greyhound Rescue NW P. O. Box 30644 Seattle WA 98113-0644

Feel free to contact your local representative periodically concerning the status of your pending application.

Form AA-06212020