

APPLICANT				
Name:				
Physical Address (including City/State/Zip):				
Primary Phone:	Work: Mobile:			
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)		Landlord	d Name:	
 □ Pet deposit required □ Pet deposit paid □ Pets are allowed with no restrictions □ Pets are allowed with limits (describe): 		Landlord Phone:		
Type of fence:	Height: Gate is accessible from exterior: \square Yes \square 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)
Pets are current on vaccination	s:	plain if no)			
Dogs are current on heartworm preventative: \square Yes \square 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			eterinarian for a reference		
HOME LIFE					
		Members	of Household		
Na	me			Ног	urs away from home
		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? Ye	o 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?	W	here 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:)	Title Will He stay de liight.		
How do you feel about animals on the furniture?				
Are you aware there is a period of adjustment for newly-adopted dogs which undesirable behavior? $\ \Box$ Yes $\ \Box$ No	n may include such behaviors	as housetraining accidents, digging, howling, or		
Have you housetrained a dog before? \square Yes \square No	Have you crate-trained a dog	g before? □ Yes □ No		
Do you object to using a crate or securely-lidded exercise pen? ☐ Yes ☐ No (If yes, explain)	If recommended, would you ☐ Yes ☐ No	be willing to purchase a crate or exercise pen?		
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	



Please describe why you would like to adopt an Italian Greyhound from IGRF and prov	ride any other information you feel may be helpful:	
INFORMATION AND REQ	UIREMENTS	
It is vital to keep your Italian Greyhound ON A LEASH AT ALL TIMES sighthounds and will chase small moving objects regardless of danger 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:

Email: indianaigrescue@comcast.net

Fax: 260-799-5537

Mail: If you are unable to scan/e-mail the application, please contact Kim Bunger at the address above for a mailing address to

send hard copy.

If local representative is not available:

rhbeall@hotmail.com

An online application can be found at

http://summitcityiggies.com/availablerescues.html

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

Form AA-03242020