

APPLICANT						
Name:						
Physical Address (including City/State/Zip):						
Primary Phone:	Work:	Mobile:				
Email:	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)		Landlord Name:				
<ul> <li>□ Pet deposit required</li> <li>□ Pet deposit paid</li> <li>□ Pets are allowed with no restrictions</li> <li>□ Pets are allowed with limits (describe):</li> </ul>		Landlord Phone:				
Type of fence:	Height: Gate is accessible fr		accessible from e	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: $\ \square$ Yes $\ \square$ 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		Bre	eed	Age	(	Status (Living/Surrendered/Lost/Deceased)
							Erring, burneriaerea, 2004 beceasea,
Pets are current on vaccination	s: □ Yes □ No (Ex	plain if no)					
Dogs are current on heartworm preventative: $\square$ Yes $\square$ No (Explain if no)				Type/Brand	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:			
$\square$ I authorize you to contact my veterinarian for a reference $\square$ I do not author			rize you to contact my veterinarian for a reference				
HOME LIFE							
Members of Household							
Na	Name			Hours away from home			
			Age:				
			Age:				
			Age:				
			Age:				
Age:							
Will any children be responsible for care of the Italian Greyhound? $\square$ Yes $\square$ No (Explain)							
Do any household members have pet allergies? ☐ Yes ☐ No Describe:							
Do you travel frequently?   Ye	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: $\qed$ High	☐ Moderate	□ Low		
Where will your dog stay when no one is home?	Where v	vill 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? $\square$ Yes $\square$ No	Have you crate-trained a dog before	re? □ Yes □ No		
Do you object to using a crate or securely-lidded exercise pen? $\square$ Yes $\square$ No (If yes, explain)	If recommended, would you be will $\square$ Yes $\ \square$ No	lling 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? $\square$ Yes $\square$ 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					
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? $\square$ Yes $\square$ No					
Are you willing to allow a post-adoption follow up visit? $\square$ Yes $\square$ 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 pro	vide 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 sighthounds and will chase small moving objects regardless of dange 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:

Italian Greyhound Rescue Foundation Southern California P.O. Box 3154 Costa Mesa, CA 92628 If local representative is not available:

Email: <a href="mailto:igcitng@sbcglobal.net">igcitng@sbcglobal.net</a>

Fax: 630-995-3058

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-03242020