

Irish Wolfhound Association of the Greater Smoky Mountains Rescue Adoption Application

<http://www.iwagsm.org>



Please complete **BOTH** sides—include additional pages if necessary—sign and return to:
IWAGSM Rescue 228 Mohawk Circle Seymour, TN 37865 ph. 865-579-0734

Questions? Contact—865-579-0734 / iwspaws@gmail.com

This brief application is the first part of a two step procedure to qualify potential adoption homes. Please fill this out as completely as possible, and attach any additional information you wish to share regarding your household. Once your application is received, someone from our rescue committee will contact you to arrange for a site visit to your home. Only after both steps are completed will a household be added to our list of adoption homes.

Personal Information

Names(s) _____ Date _____

Address _____ City _____ State ____ Zip _____

Ph: Home _____ Fax: _____ E-mail _____

Occupation (1) _____ Employer _____ ph. (optional) _____

Occupation (2) _____ Employer _____ ph. (optional) _____

Residence

House _____ Apt _____ Mobile home _____ Condo _____ Do you own _____ rent _____?

Landlord's name, address, phone _____

How long have you lived at this address? _____ Give the names/relationship of others living there

Ages of any children that a dog will have contact with _____

Have you ever had to return a dog to a shelter, breeder or rescue? _____ Describe the circumstances.

Has anyone in your household been convicted of animal cruelty, or animal ordinance violations? _____

Who wants a wolfhound? _____ Who will care for it? _____

References: List Name, address and phone numbers:

Vet:

Other reference: _____

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Pet Information:

Have you had an IW before? _____ List breeds of dogs you've owned in the last 10 years and what happened to them: _____

List current pets and livestock. Indicate dog breed, temperament, age, sex, and if neutered:

Where would you keep an IW when you are home? _____

Where would you keep an IW when you are a work or away? _____

Where would in IW sleep at night? _____

Maximum hours the IW would be left alone in 24 hr period? _____

Do you have a safe, separate place to leave an IW until you are sure they are healthy, housebroken, not destructive, and compatible with other pets? _____ Where? _____

Describe yard & height & type of fence if any. _____

_____ Dog house? _____

How & where will your new IW be exercised? _____

Have you ever completed a dog obedience class or otherwise trained dogs? _____

Are you willing to attend obedience classes with your IW? _____

Do you agree to return the IW to IW Rescue or work with Rescue if you cannot keep the IW? _____

May a member of Rescue visit your home & check your references? _____

Preferences:

What are you looking for in a Wolfhound? _____

Would you consider a: Male _____ Female _____ Pup _____ Over 5 years old _____ IW Mix _____

From a shelter _____ Untrained _____ With Medical Needs _____

Will you travel outside your area to pick up an IW? _____ How far (list states or cities) _____

Signature

Date

Signature

Date