



PLEASE DO NOT STAPLE

ITALIAN GREYHOUND RESCUE FOUNDATION ADOPTION 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:



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PETS

Pet History, Past 10 Years

Name	Species	Breed	Age	Status (Living/Surrendered/Lost/Deceased)

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



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Select the best activity level description for your home: High Moderate Low

Where will your dog stay when no one is home?

- Loose in home
- Crate
- Basement
- Garage
- Fenced yard
- Dog run
- Chained/tied
- Outside kennel
- Loose outdoors
- Other (Explain:)

Where will he stay at night?

- 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:



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I prefer to adopt: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Under 6 months <input type="checkbox"/> 6 months – 2 years <input type="checkbox"/> 2 years – 7 years <input type="checkbox"/> 8 years – 11 years <input type="checkbox"/> Senior	<input type="checkbox"/> I will consider dogs with medical special needs <input type="checkbox"/> I will consider dogs with behavioral special needs <input type="checkbox"/> I will consider adopting a bonded pair <input type="checkbox"/> I will consider dogs other than my stated preference
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ADOPTION

Have you applied to any other Rescue Groups? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was your application approved? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain:)	Group name, contact, and phone number:
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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



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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: illinoisigrescue@gmail.com 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-05222024