

GREAT LAKES IRISH WOLFHOUND ASSOCIATION

Application for Adoption



Please type or print application.

Date: _____

Section 1 – About You

Applicant Name: _____ Co-Applicant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () Work Phone: () Cell Phone: ()

E-mail Address: _____ Alternate E-mail Address: _____

Are you married or single? Does everyone in your household approve of the adoption? yes no

Do you own or rent? How long have you lived there? _____

If you do NOT own your home, please include a copy of your rental/lease agreement with landlord name and telephone number with the application. We will contact all landlords to verify pet policies.

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: () Number of Years with Employer? _____

Others living with you, or those who are frequent visitors to your home (defined as 1 or more visits per week).

Name	Relationship	Age	Living with you or Visitor?

Section 2 – About Your Ideal Irish Wolfhound

How did you hear about GLIWA Rescue? _____

Have you applied for a dog with another Rescue Group? yes no

If yes, which one(s)? _____

Do you have prior experience owning and/or handling Irish Wolfhounds? (explain)

Why are you interested in Irish Wolfhounds as a breed?

What other breeds are you considering and why?

Are you interested in an IW mixed breed/dog we may have available? yes no

Are you willing to wait if a dog is not immediately available? yes no

Would you consider a special needs dog, such as one who requires medication for a permanent but controlled condition (for example: allergies)? yes no

Preferences – Please mark all that apply. Sex: Male Female No Preference

Color: grey wheaten black brindle red white No Preference

Age: Under 6 months 6-12 months 1-2 years 2-4 years 4-6 years
 7+years (ask about our Seniors-For-Life program) No Preference

Why are you adopting a pet? For me/my family As a gift For protection As a companion for another animal Friend/family have/had one For breeding
 Other:

Please list the top THREE characteristics (in order of importance) you are looking for in your new companion (i.e.: protective, active/playful, aggressive, friendly, good with kids, calm etc...)

1. _____ 2. _____ 3. _____

Section 3 – About Your Household

Are there any circumstances (health, family, professional, financial) or planned circumstances (new baby, plans to move houses etc.) that could result in your being unable to take care of this dog?
 yes no If yes, what are they?

If there are children in or visiting your home, how will you educate and train the children in appropriate ways to treat and interact with a dog?

Do you have a formal provision for the dog in the event you are no longer able to care for him/her?
 yes no If not, will you agree to make such provision immediately after adoption? yes no

Do you (or anyone else in the household) have asthma or allergies to animals? yes no

Have you ever sold, surrendered, or given away a pet? yes no If yes, please provide details.

What circumstances, in your mind, justify giving away or surrendering a pet?

What will you do with the animal if you move, marry, have a baby, or make other significant changes in your life circumstances? _____

Are you willing to provide pet care for the next 10 years (or more) including vet checks, vaccinations, boarding, medical care (including monthly heartworm preventative), indoor housing, etc? yes no

What do you expect to pay for annual pet care? _____

Will you groom the dog yourself? yes no Use a groomer? yes no

Are you familiar with the animal control regulations in your area? yes no

Do you agree to abide by these regulations? yes no Briefly, what are these regulations?

Have you ever lost a pet, had one disappear, or die at an early age (dogs dying before age 8)?

yes no If yes, please provide details.

Please list all current pets and those you have owned over the last 10 years. If none, list pets owned in childhood. List ALL animals currently living with you, even if you do not own them. If deceased, when did the pet die, how old was the pet when it died, please explain cause of death.

Name	Breed	Gender	Age	Spayed / Neutered	How long owned?	What happened to the pet?

Are your dogs (past and present) on heartworm preventative? yes no

Have you ever had a dog diagnosed as having heartworm? yes no

Section 4 – About Your Daily Routine

Please be very specific and detailed regarding the following information.

Please tell us about yourself and your family, including any special activities your dog would be included:

Who will be the primary caregiver?

Where will the pet be kept during the day?

At night?

Is anyone home during the day? yes no If yes, who? _____

How many hours will the dog be without humans during any time period? _____

Where will the pet be kept during routine absences (trips to the grocery store, movies, etc.)?

Do you have a kennel run? yes no Doghouse? yes no Tie-out stake? yes no

If yes to any of the above, how often is it used and under what circumstances?

How do you plan to exercise your pet? (provide details) _____

Is your yard fenced? yes no How high is the fence and what type is it? _____

Have you ever trained a dog? yes no Explain briefly:

Are you willing to enroll in obedience classes? yes no

Are you willing to take the time to work with a dog that is not housebroken? yes no

How much time are you willing to give the dog to adjust to its new environment and family members?

If the dog didn't adjust in that timeframe what would you do?

If you adopted a dog that chews, digs, or has other bad habits, what would you do?

If your adopted dog developed a serious health problem, what do you think your limitations would be?

May a representative of GLIWA Rescue visit your home prior to an adoption? yes no

Are you willing to travel to pick up your adopted dog? _____

Section 5 – References

May we contact your veterinarian? yes no *Please notify your veterinarian that we will be contacting them and give the office permission to release your records to us.*

Name & Address of past/current vet(s): _____

Phone Number: () _____

Name of pets treated: _____

Please provide three additional references (not related to you):

Name	Evening Telephone	Relationship	How long known

I have read the Great Lakes Irish Wolfhound Rescue Adoption Guidelines and certify the information provided in this application is accurate to the best of my knowledge and that I am over 21 years of age.

Applicant Signature _____ (Date) _____ Co-Applicant Signature _____ (Date) _____

Thank you for taking the time to complete this detailed application. A representative will contact you as soon as possible to notify you that your application has been received and go over the application process with you. Applications will be reviewed in the order they are received, however we reserve the right to adopt each dog to the family situation we deem to be the best match for the dog's personality and needs. We also reserve the right to refuse any application at our sole discretion. We require a **home visit and reference check** as part of our application process and therefore adoptions can take several weeks to complete. Applicants must be 21 years of age.

Please send your completed application to: GLIWA/ Robert Greene
(Please allow additional time if you 3307 Indianwood Lane
mail your application.) Joliet, IL 60431

OR:
815-735-4455
E-mail: greenecr@gmail.com

Thank you for considering a rescued Irish Wolfhound