

CALIFORNIA ITALIAN GREYHOUND RESCUE - PLACEMENT APPLICATION

1/3 pages

Please print, complete legibly and return by US Mail to the address at the bottom of the last page.

Electronic submissions are not accepted.

Date:

Applicant's Name:

Address:

Day Phone (with area code):

Evening Phone (with area code):

E-mail:

QUESTIONNAIRE (Detailed responses will help us to determine a good match):

Do you have preferences regarding the age, sex or color of your dog? _____ If yes, please explain:

Would you consider something other than your stated preferences? _____ If yes, please explain:

Would you consider a Special Needs dog? _____ An older dog? _____

Occupation: _____ Partner's Occupation: _____

Why do you want an Italian Greyhound:

Have you ever had this breed before? _____ If yes, is the dog with you? _____ If no, please explain:

How or where did you learn about this breed (**please list specific book titles, web sites or names**):

What qualities attracted you to Italian Greyhounds:

Do you own or have you owned any dogs in the last 10 years? _____ If yes, what breeds, ages and what is their current status:

If you currently own any dogs are they spayed/neutered? _____ Are they up to date on vaccinations? _____

Are there any other types of animals in your household? _____ If yes, what kinds and ages:

If applicable, please list current and past veterinarian's names and phone numbers:

Have you ever given away or surrendered to a shelter or rescue organization? _____ If yes, under what circumstances:

Have you ever applied to any other rescue groups? _____ If yes, please list name<s> and phone number<s>:

Do you own or rent your home? _____

If you rent, do you have your landlord's permission to own a dog? _____ Please list all landlords and phone numbers and dates for the last 10 years:

If you belong to a condo or homeowner's association, are you allowed to have a dog? _____ If yes, please provide a contact name and number to verify this information:

Do you have a private yard? _____ Is it completely fenced? _____ Type and height of fence:

Are there any balconies in your home? _____ If yes, please describe type, height and any width of bar space of fencing:

Would you ever consider moving to a location that did not allow dogs? _____

Is this dog a gift? _____ If yes, for whom:

How would you describe the activity level in your home: Low _____ Med _____ High _____

Please list all the adults in your household and hours that they are typically home:

What is the longest amount of time the dog will spend at home without adult supervision?

Please list all children in your household along with their ages and interests:

Will children or a child be expected to take care of a dog? _____ If yes, in what capacity:

Who will be the primary caretaker for your dog:

Are you aware that there is a period of adjustment for each dog in it's new surroundings, which may include potty accidents, chewing, digging and other undesirable behaviors: _____

If your dog makes a mistake, please describe what kind of correction you would make:

Exactly where will your dog stay during the day? At night?

How many hours a day will your dog be without human companionship and at what hours:

How much time do expect to devote **solely** to your dog per day:

Are you planning on paper training your dog? _____

Have you ever crate trained a dog before? _____

If no, do you object to the discriminate use of a crate and/or a **lidded** wire pen (ex-pen) as advised by your C.I.G.Rescue rep? _____

If yes, please explain:

Are you willing to purchase a crate and/or ex-pen if you do not have these? _____

If you do not have a fenced yard, are you willing to take your dog out **on a leash** as often as every several hours to relieve him/her? _____

If you DO have a fenced yard, are you willing to take your dog out **on a leash** to be **sure** the dog relieves itself and gets praise until good potty habits are well established? _____

Do you plan on attending any classes or any other special dog activities with your dog? _____ If yes please describe:

What other kind of activities do you expect to enjoy with your dog:

Are you willing and able to be financially responsible for all routine, unexpected and emergency medical care for your dog? _____

Are you aware that Italian Greyhounds need to have their teeth brushed **daily** and their nails groomed **weekly** to maintain excellent health and would you be willing to accept this responsibility? _____

Are you aware that Italian Greyhounds are sight hounds and due to this fact, Italian Greyhounds must **never** be allowed to be off leash unless in a secure, fenced area? _____

I CERTIFY THAT I AM OVER THE AGE OF 18 AND THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE.

I GIVE PERMISSION TO C.I.G.RESCUE TO CONTACT ANY OF THE REFERENCES I HAVE PROVIDED.

I UNDERSTAND THAT A HOME VISIT WILL BE DONE PRIOR TO ADOPTION APPROVAL AND THAT A C.I.G.RESCUE REPRESENTATIVE MAY WISH TO ARRANGE FOLLOW-UP VISITS AFTER THE PLACEMENT.

I UNDERSTAND THAT PLACEMENT FEES ARE BETWEEN \$300-\$500, WITH THE YOUNG DOGS BEING THE HIGHER AMOUNT.

Date:

Signature(primary owner only):

Print name:

Please return this application by **US Mail** to the following C.I.G.R Representative:

Tia Resleure – CIGR

Website: www.CIGRescue.org

CIGRescue is not accepting applications at this time. Please contact IGCA RESCUE, info on our Contact Us page to get an IGCA Rescue application.

CIGR MAINTAINS A WAITING LIST AND YOU WILL BE CONTACTED, IN ORDER, BY ONE OF OUR REPS WHEN A DOG THAT WE FEEL MAY BE A SUITABLE MATCH WITH YOU ARRIVES IN YOUR AREA. YOU ARE WELCOME TO CHECK WITH THE ABOVE REP TO VERIFY THAT YOUR APPLICATION HAS BEEN RECEIVED. APPLICATIONS ARE HELD FOR 1 YEAR SO YOU WILL NEED RE-APPLY IF YOU WISH TO REMAIN ON OUR LIST. PLEASE RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS.