



# RESCUE ADOPTION APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Household members & ages: \_\_\_\_\_

Other pets & ages: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home:  Own  Rent Type: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

If renting, landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fenced yard:  Yes  No Height: \_\_\_\_\_ Type: \_\_\_\_\_

Dogs will live: \_\_\_\_\_

Is an adult family member home during the day?  Yes  No

If not, hours dog will be alone: \_\_\_\_\_

Have you owned an irish setter before:  Yes  No

If yes, please give details (breeder, what happened to it): \_\_\_\_\_

Have you ever crate trained a dog?  Yes  No

Taken an obedience course?  Yes  No

Preference:  Male  Female

Age range: \_\_\_\_\_

Would you consider a special needs dog, i.e. requiring medication, obedience training?  Yes  No

Briefly tell us why you want an irish setter: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

I certify that the above information is true and I understand that, prior to the placement of an Irish Setter in my home, the above information may be verified. I also agree to a personal interview with a member of the Irish Setter Rescue Program, if requested, to determine the suitability of my home to care for an Irish Setter. The submission of this form is my agreement to the above statement.

Signature of submitter: \_\_\_\_\_

**MAIL TO: ISCCC, P.O. Box 555, Tariffville, CT 06081 or email to [fennjo@aol.com](mailto:fennjo@aol.com)**