



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 Rescue@isccc.org