



## Rescue Application

**PVIWC Rescue & Placement Program**

**Susan Montgomery**

**800 River Rd**

**Sykesville, MD 21784**

**410-446-3138**

**PVIWCWeb@gmail.com**

Authorized Committee Member:

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

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

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

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

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

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

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

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Do you have children? \_\_\_\_\_ Age(s)? \_\_\_\_\_ Sex(s)? \_\_\_\_\_

Have you owned a dog(s) before? \_\_\_\_\_ Breed? \_\_\_\_\_ Sex? \_\_\_\_\_ Neutered? \_\_\_\_\_

Have you ever had an application rejected for adoption of a dog from a rescue or animal control agency?

Yes \_\_\_ No \_\_\_

Have you ever owned an Irish Wolfhound before? \_\_\_\_\_ Please explain: \_\_\_\_\_

What pets do you currently own? \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

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

\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is your yard fenced? \_\_\_\_\_ If yes, specify size of fenced area: \_\_\_\_\_

What is the height of and type of fencing? \_\_\_\_\_

**If your yard is not fenced, are you willing to do so? \_\_\_\_\_**

If you had a choice, would you prefer to adopt a male \_\_\_\_\_ or female \_\_\_\_\_?

Will you accept a Wolfhound of any age? \_\_\_\_\_

We request a donation to defray veterinary expenses, are you willing to do so? \_\_\_\_\_

**Are you aware of the potential veterinary expenses associated with the care of an IW over his/her lifetime?**

Medications prescribed for large breed dogs can cost the same as a person's medication. Do you know the approximate cost? \$\$ \_\_\_\_\_

**Have you discussed this application with your spouse or significant other? \_\_\_\_\_ Yes \_\_\_\_\_ No**

If for any medical reason your Irish Wolfhound rescue cannot be spayed or neutered, do you fully understand it can never be used for breeding purposes? \_\_\_\_\_

Why do you want an Irish Wolfhound? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the normal life expectancy of an Irish Wolfhound? \_\_\_\_\_

May we visit your home before and after adoption? \_\_\_\_\_

Will the dog(s) be left alone during the day? \_\_\_\_\_

What are the longest numbers of hours that your dog(s) will be alone? \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Completion of this form does not guarantee receipt of a dog.

Received by: \_\_\_\_\_ Date filed with PVIWC: \_\_\_\_/\_\_\_\_/\_\_\_\_