

Irish Wolfhound Club of the Willamette Valley

Adoption Application

Please complete this form and return to the Adoption Coordinator.

Name _____

Name of spouse/companion _____

Name and ages of children _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Email address: _____

Please circle the BEST way to reach you.

Occupation: _____

Work schedule: M T W TH F Sat Sun

Hours:

Occupation of spouse/companion _____

Work schedule : M T W Th F Sat Sun

Hours :

How many hours a day would the hound be left alone?

Who would be the primary caretaker of the hound?

Type of home:

House ___ Apartment ___ Condo/Townhouse ___ Mobile Home ___

The dog would spend most of it's time: Outdoors ___ Inside the home ___

The dog's sleeping area would be: Outdoors ___ Inside the home ___

Description of outdoor space for hound:

Fenced Yard ___ Unfenced yard ___ Open fields ___ Kennel ___ Garage ___

Other _____

Have you previously owned a dog? Please list the breed, how obtained and what happened to the dog.

What animals do you currently own?

Do you breed dogs now or have experience breeding dogs?

Why do you specifically want an Irish Wolfhound? How did you become interested in them?

I prefer a ___male ___ female ___ no preference

I will take a hound of any age ___ Yes ___ No (if no, please describe your ideal age adoption)

I will take a hound with little or no training ___Yes ___No

I will only accept a housebroken hound ___Yes ___No

I am interested in a Wolfhound for the following purposes:

Companionship___ Lure Coursing___ Obedience___ Guard Dog___ Conformation showing___

I have completed this application form honestly and completely. In the event that a Wolfhound becomes available for adoption by me, I understand that a IWCWV representative will visit me in my home by appointment. I realize that this is standard procedure and is intended to help determine the suitability of persons wishing to adopt an Irish Wolfhound.

Signed_____ Date_____

If you have further information that you feel would be helpful to your application, please attach or list on reverse side.

Return to : Patty Storkel: 1415 Liberty Street SE Salem, OR 97302

IWCWV welcomes donations to help defray rescue and medical costs. Make checks payable to IWCWV.