

# Irish Wolfhound Rescue of the Mid South Adoption Application

<http://www.iwams.org/rescue>

Please complete all and include additional pages if necessary. Mail to:  
IWAMS Rescue Coordinator, 2232 Old Reedy Creek Rd. Cary, NC 27513  
or email to [ierneiw@aol.com](mailto:ierneiw@aol.com)



For more information, contact Tamara Dunn: cell # (919)523-2583 or email: [ierneiw@aol.com](mailto:ierneiw@aol.com)

This application is the first part of a two-step process to qualify potential adoption homes. Please fill it out as completely as possible, and add any other information to share regarding your household. When your application is received, you will be notified and your application reviewed. We will contact you with any concerns\*/\*\*, and if resolved, your home will be included in our available adoption homes. If your home is a good match for an Irish Wolfhound (IW) that becomes available, we will interview you further on the phone based on your application and a premise check will need to be completed. IWs are placed with best match for their background and needs.

***\*Please note our rescue policy prohibits placement of an Irish Wolfhound (IW) in a home without a securely fenced exercise area of an appropriate size for a giant breed and sighthound. This does not include strands of electric fence, invisible fence, 3'-3.5' picket fencing, regular split rail fence without a lining of livestock wire fencing, or an enclosed area that counts on a natural barrier such as a stream, river, lakefront, canal, seawall, bushes, etc.***

***\*\*Homes that don't provide annual health checkups and Veterinary care for their pets cannot be considered.***

## Personal Information

Names(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation (1): \_\_\_\_\_ Employer: \_\_\_\_\_

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

Occupation (2): \_\_\_\_\_ Employer: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Residence: ☐ House ☐ Apartment ☐ Mobile home ☐ Condo ☐ Other: \_\_\_\_\_

Do you own?: ☐ Yes ☐ No Do you rent?: ☐ Yes ☐ No Other: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ Month(s) \_\_\_\_\_ Year(s)

Please provide the name(s) and relationship(s) of others living there:

---

---

---

Age(s) of children that the hound will have contact with: \_\_\_\_\_

---

What are the municipal limits for the number of dogs a homeowner may own in your area?: \_\_\_\_\_

Have you ever had to return a dog to a shelter, breeder or rescue?: ☐ Yes ☐ No Other: \_\_\_\_\_

Describe the circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anyone in your household been convicted of animal cruelty, or animal ordinance violations?: ☐ Yes ☐ No

Who in your family wants a wolfhound?: \_\_\_\_\_

Who will have primary responsibility and care for it?: \_\_\_\_\_

Are there members of your family who have allergies?: ☐ Yes ☐ No

Will you agree to join IWAMS?: ☐ Yes ☐ No

**Do you provide annual veterinary care and checkups for your pets?** ☐ Yes ☐ No

Have you adopted a dog(s) within the last 6 months?: ☐ Yes ☐ No

Do you plan to adopt or foster another dog(s) within the next 6 months?: ☐ Yes ☐ No

## **References**

**Personal References** - please list name, address, phone number(s) and email address (if available):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Primary Veterinarian** – please list name, address and phone number: \_\_\_\_\_

\_\_\_\_\_

Other references: \_\_\_\_\_

\_\_\_\_\_

## **GENERAL**

Have you had an Irish Wolfhound (IW) before? ☐ Yes ☐ No

List the breeds of dogs you have owned in the past: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you no longer have them, please explain what happened to them: \_\_\_\_\_

---

---

---

Do you have cats?: ☐ Yes ☐ No Do you have poultry or livestock?: ☐ Yes ☐ No

List all current pets you have, age, sex and if spayed or neutered: \_\_\_\_\_

---

---

---

Where would you keep an IW when you are home?: \_\_\_\_\_

Where would you keep an IW when you are at work or away?: \_\_\_\_\_

Where would the IW sleep at night?: \_\_\_\_\_

Maximum hours the IW would be left alone in a 24 hour period?: \_\_\_\_\_

Describe your yard - is it fenced?: ☐ Yes ☐ No ☐ 3' Fence ☐ 4' Fence ☐ 5' Fence

Other fencing: \_\_\_\_\_

What type of fencing? ☐ Chain link ☐ Wooden ☐ Vinyl ☐ Split Rail ☐ Livestock Wire

Other: \_\_\_\_\_

How, how often, and where will your IW be exercised?: \_\_\_\_\_

---

Have you ever completed a dog obedience class or otherwise trained dogs?: ☐ Yes ☐ No

Do you agree to return the IW to IW Rescue if you are unable to keep it?: ☐ Yes ☐ No

May a member of Rescue visit your home and check the references you provided?: ☐ Yes ☐ No

### **Preferences**

Describe what are you looking for in an IW?: \_\_\_\_\_

---

---

Would you consider a: ☐ Male ☐ Female ☐ Puppy ☐ Over 5 years ☐ Mix

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

IWAMS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tamara Dunn / IWAMS Rescue Coordinator