

Bracco Italiano Club of America

RESCUE APPLICATION

Name _____

Address _____

How long have you lived there? _____

Email address _____

With whom are you/spouse employed? _____

Occupations? _____

How long have you worked there? _____

Phone (day) _____ Phone (night) _____

Members of household and their ages: _____

Other pets, their breeds, names and ages: _____

Veterinarian's name and phone: _____

Do you own _____ rent _____ your house _____ apartment _____ condo _____

Do you have a pool? _____ In the ground or above? _____

If in the ground is it separately fenced? _____

Do you have a fenced yard? _____

If yes, height of fence _____ size of fenced in area _____

Type of fence? _____

If you do not have a fence, how and where will the dog be exercised and

Be allowed to eliminate? _____

Neighborhood type: city _____ suburb _____ rural _____

If you are renting, name and phone of landlord: _____

Where will the dog live during the day? _____

At night? _____

Is an adult family member home during the day? _____

If not, give hours dog will be left alone _____

Have you owned a dog before? _____ If yes, please give details (breed, where did you get it, what happened to it?) _____

Do you plan to change the name of your new dog? _____

Have you ever crate-trained a dog? _____

Have you ever taken an obedience course with a dog? _____

Preferences for adoption: male __ female __ age range _____

Would you consider a special needs dog, for example, one that requires medication, one that needs obedience training? _____

What do you know about the breed? _____

Who referred you to us? _____

Who will be the primary care person for this dog? _____

What are your plans and goals for this dog? _____

Briefly tell us why you want a Bracco? _____

I certify that the above information is true and I understand that, prior to the placement of an Bracco Italiano in my home, the above information may be verified. I also agree to a personal interview with a member of the Bracco Italiano Rescue Program, if requested, to determine the suitability of my home to care for a Bracco Italiano.

Signature _____ Date _____

Please return to: Deanna Cuchiaro

W-732-514-6014

irishrescue1@aol.com

<http://www.irishrescue.org>

<http://www.irishrescue.petfinder.org>