| AN ALL VOLUNTEER NON-PROFIT 501[C]3 oRGANIZATION DEDICATED TO **THE RESCUE, REHABILITATION & REHOMING OF WIRE FOX TERRIERS** | | | |
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| application for adoption | | | |
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| Applicant Information | | | |
| Name: | Current Address: | | City/State/Zip: |
|  |  | |  |
| Email: | Cell #: | | Phone #: |
|  |  | |  |
| RESIDENTIAL INFORMATION | | | |
| House  Condo  Townhome  Apartment Years Lived Here  Under 1  5+  10+  20+ | | | |
| Own  Rent Permission from Landlord if Rent?  Yes  No | | | |
| Do you have a **completely** fenced yard or area?  Yes  No Fence Height:  3’  4’  5’  6’ | | | |
| Fence Type:  Chain Link  Wood/Stockade  Vinyl  Wire  Invisible  Other | | | |
| Is there a door from house directly into fenced yard? Yes  No Is there a Doggie Door?  Yes  No | | | |
| Do you have a Pool?  Yes  No A Hot Tub?  Yes  No Will dog have access to?  Yes  No | | | |
| family information | | | |
| List All Household Members and Ages | List All Frequent Visitors | | List of Frequent Places Dog will Go To |
|  |  | |  |
| Plans for Adding to Family in Future?  Yes  No  Maybe Anyone allergic to dogs?  Yes  No | | | |
| Why do you want a Wire Fox Terrier: | Experience with a WFT or similar Terrier: | | Do all family members want one? |
|  |  | |  |
| Describe your family’s typical day, how your dog(s) fit into that day, and how you anticipate your new dog fitting in? | | | |
|  | | | |
| Applicant’s Occupation: | Co-Applicant’s Occupation: | | Who will be primary Caretaker? |
|  |  | |  |
| Job(s) require frequent out of town travel?  Yes  No  Sometimes Subject to Relocation?  Yes  No | | | |
| What would you do with the dog if you moved? | |  | |
| What arrangements will be made for the dog during extended absences:  Caretaker comes to Home  Board at Kennel or Vet Stay with Family Member  Dog will Go Along | | | |
| PET INFORMATION – HISTORY - ROUTINE | | | |
| How Long will the Dog be left alone daily: | Where will the dog be while alone: | | Where will the dog sleep at night: |
|  |  | |  |
| Do you have knowledge or experience with: (Please check all that apply)  Grooming Needs of a WFT  House Training Obedience Training  Crate Training  Other | | | |
| What instances would you use a crate? | | | |
|  | | | |
| What are your discipline procedures should the dog have an accident, chew a personal item or misbehave? | | | |
|  | | | |
| List All Animals Currently in your Household: | | | |
| Breed/Sex/Age: |  | | Neutered/Spayed?  Yes |
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| Breed/Sex/Age: |  | | Neutered/Spayed?  Yes |
| Are all these animals current on the following: (Please check all that apply)  Rabies  Bordetella  Distemper  Heartworm Test  Monthly HW Preventative  Frontline | | | |
| Any current animals have medical issues: | Current dog ever lived with other dogs: | | Only dog household – how long: |
|  |  | |  |
| Brand of Dog Food Currently Feeding | Where is the Dog Fed | | How Often |
|  |  | |  |
| List All Animals who frequently visit: | | | |
| Type/Breed/Sex/Age: |  | | Neutered/Spayed?  Yes |
| Type/Breed/Sex/Age: |  | | Neutered/Spayed?  Yes |
|  | | | |
| Describe your previous dogs you have owned, how long they lived with you and what ultimately happened to them: | | | |
|  | | | |
| Have you ever sold, given away or surrendered a pet to a shelter or rescue? If yes, please explain: | | | |
|  | | | |
| references | | | |
| Name of Veterinarian: | Address | | Phone |
|  |  | |  |
| Name of Groomer: | Address: | | Phone |
|  |  | |  |
| adoption info | | | |
| Have you ever adopted from Rescue?  Yes  No From Where?  WFTRM  Other Rescue  Shelter | | | |
| Are you applying for a specific Wire Fox Terrier? If so, who? | | |  |
| Age Preference | Temperament Preference | | Gender Preference |
|  |  | |  |
| Would you adopt a Wire Fox Terrier with minor health issues?  Yes  No  Depends on health problem | | | |
| When will you be ready to adopt?  ASAP  1 – 2 Weeks  When Match Arrives  1 Month + | | | |
| Are you willing to have a member of Rescue visit (by appointment) prior to adoption?  Yes  No | | | |
|  | | | |
| **All Rescues are spayed and neutered prior to adoption. Only in cases where the dog is too young will they be placed with a spay/neuter contract. An Adoption Contract will be required to be signed and an Adoption Fee requested which helps defray the costs of veterinary and medical expenses. If an adopter cannot keep the animal for any reason, it must be returned to Wire Fox Terrier Rescue Midwest.**  **Yes – I understand all of the above** | | | |
| verification | | | |
| Individuals who adopt a dog through Wire Fox Terrier Rescue Midwest are contacted periodically by rescue personnel for an update to help ensure that the animal successfully adjusts to its new life. A home inspection will be made prior to adoption and possibly on a random basis following adoption. If upon inspection we find that the information contained in this Application to be false, we retain the right to turn down your application or remove the animal from your premises without a refund of monies paid. Applicant has completely read this application, comprehends it fully and knows that applying does not ensure approval. Untruthful answers or failure to comply with the requirements of this application or the adoption contract can result in the forfeiture of any Wire Fox Terrier Rescue dog adopted by Applicant. By forwarding and submitting this Application, the applicant certifies that the information provided in this Application is true and correct. Applicant further certifies that they are financially and physically able to care for a pet. Applicant understands that proper food and veterinarian care can be costly and are able to meet these requirements. | | | |
| Date Submitted | | | |
| **Please download this form to your computer.**  **When completed – please send form as attachment to email below** | | |  |
|  | | | |
| **WFTRM – Chicago WFTRM - Iowa**  **P.O. Box 21 Box 141**  **Mokena, IL 60448 Dumont, IA 50625**  **Email:** [**knierim@msn.com**](mailto:knierim@msn.com) **Email:** [**ccswires@netins.net**](mailto:ccswires@netins.net)  **Fax: 708/298-8816 Fax: 641/857-3300** | | | |
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