



Illinois Shorthair Rescue is dedicated to finding the very best homes for our rescue GSPs in our program. To meet this goal, we carefully scrutinize all applications. We check all veterinarian, landlord, and personal references. If you are serious about adopting a GSP from our group, please complete the application IN FULL. Questions left blank will only slow the adoption procedure. . ***Please note that since our mission is to reduce the pet overpopulation problem, we will not adopt to homes with pets that are not spayed/neutered unless there is a reasonable explanation as to why the animal is not spayed or neutered (i.e., being shown in conformation, medical, etc.)*** Thank You.

Please CHECK or FILL IN the appropriate choices throughout this questionnaire.

Date _____

How many & to which rescues have you applied for a dog in the last year? _____

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone # _____

Email _____

Driver's License # _____

County _____

Occupation _____

Company _____

Address _____

Work Phone _____

Married Single Roommates Under 21 21-40 40-60 60+

How many adults in household? _____

Children? _____

Ages and gender of children in household? _____

Do you RENT or OWN? House Townhouse Condo Apartment Trailer

If you rent, do you have your landlord's permission to keep a dog? Yes No

How long at this address _____
 Landlord _____
 Phone # _____
 Address _____

Previous address if under 2 years _____

If you move where dogs are not allowed, what would you do with the dog? _____

Have you ever owned a dog before? Yes No.....If "yes," what breed?

Why do you want to adopt a dog?

Is it for your family? Yes No Is it a gift? Yes No

Who is the gift for?

Does the entire family want a dog? Yes No

If not, who doesn't? _____

Why?

If there are any drastic changes in your lifestyle, will your dog still be part of the adjustment? (i.e., getting married, divorced, having children, moving to an apartment) ? Yes No

Please list all the animals you have owned for the past 5 years:

	Animal #1	Animal #2	Animal #3	Animal #4
Animal's Name & Breed/Kind				
Age				
Sex				
Spayed/neutered?				
Still With You				
If you no longer own the animal/s where are they now?				
Lost?				
Hit by car?				
Put to sleep/died? Why/How?				
Given away? Why? To whom?				

Do you have a regular veterinarian? Yes No

Name _____

Clinic Name _____

Phone _____

Address _____

Do you have a completely fenced yard suitable for a dog? Yes No

Do you have a kennel run? Yes No

Describe fence/kennel, type, height, and approx. size _____

If no fenced yard/kennel, how will you handle your dog's exercise and toilet needs? _____

Do you have a suitable dog crate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so what type
My dog will be housed in? <input type="checkbox"/> Home <input type="checkbox"/> Garage <input type="checkbox"/> Basement <input type="checkbox"/> Outdoors <input type="checkbox"/> Tied-out <input type="checkbox"/> Crate <input type="checkbox"/> Outdoor kennel <input type="checkbox"/> Fenced yard	Please specify where your current animals are housed?	
	Animal # 1 (type): _____	is housed in? _____
	Animal # 2 (type): _____	is housed in? _____
	Animal # 3 (type): _____	is housed in? _____
	Animal # 4 (type): _____	is housed in? _____

How many hours per day will the dog be left alone and where will it be housed while you are gone? _____

Whose responsibility will be the care of the dog?

Do you have other visitors/family come to your home, human or animal with which a new dog will have to interact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Who, What?

Is your lifestyle <input type="checkbox"/> Active or <input type="checkbox"/> Passive?
What activities do you plan to do with your dog? <input type="checkbox"/> Pet
<input type="checkbox"/> Hunting <input type="checkbox"/> Guard
<input type="checkbox"/> Obedience Other: _____
Will your new dog be crate/cage trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you attend dog obedience classes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared for chewing, digging, scratching, housetraining, and/or mischievous behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No

How will you reprimand your dog? _____

It may take several months for your new dog to adjust to its new home and family. How will you handle this? _____

What behavior would cause you to return the dog to GSP Rescue? _____

Do you have time, patience, love and physical ability to exercise a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to commit to owning a dog for the next 10-12 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an age preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what age? _____

Do you have a gender preference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what gender?	
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What is the name or names of the dog(s) you are applying for?

How did you find Illinois GSP Rescue?

Please give us a NON-FAMILY reference	
Name	_____
Address	_____
Phone	_____
Relationship	_____

Please give us a FAMILY reference	
Name	_____
Address	_____
Phone	_____
Relationship	_____

The information on this questionnaire will be kept confidential.

I certify that all the information provided is complete and correct to the best of my knowledge:

Signature _____ Date... _____

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FOSTER RELEASE

If you would like to be considered as a possible foster family for one of our rescued dogs, please sign the release below.

I accept responsibility for any illness or damage that can occur from a temporary care animal. I release Illinois German Shorthaired Pointer Rescue from any and all liability, now and in the future, from my voluntary action of caring for any Illinois German Shorthaired Pointer Rescue dog.

Signature

Date

<p>Mail this completed application to: Illinois Shorthair Rescue, PO Box 341, Gurnee, IL 60031 Email: ilgsprescue@aol.com Fax: 847-327-1575</p>
