



IGCA Rescue Volunteer and Foster Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home): _____ (Work): _____ (Mobile): _____

(Fax): _____ (E-Mail): _____

Occupation: _____ Work Hours _____

Family Members: (please list ages of children and number of adults)

Do you own Italian Greyhounds (IG's)? Yes No
How Many? _____

How long have you had IG's? _____

Please list other breeds and how many of each you own. _____

Are all pets spayed/neutered? Yes No

If no please explain. _____

Are you a breeder of IG's? Yes No

If yes, average number of litters bred per year: _____

Name of other breed clubs and/or all-breed clubs to which you belong: _____

Name of any animal organizations you support: _____

Have you worked (formally or informally) in rescue before? If so, please describe your experience:

Have you worked with an IGCA Rescue Representative? Yes No

If Yes, Who? _____

In which of the following areas are you willing to work?

Contact person for shelters: _____

Transportation: _____

Foster Home – Long Term: _____

Foster Home – Short Term: _____

Home Visits: _____

Fundraising: _____

Managing Events: _____

Name and telephone numbers (with area code) of two personal references

Name and telephone number (with area code) of your veterinarian: _____

IF YOU PLAN ON FOSTERING PLEASE FILL OUT THIS SECTION, IF NOT SKIP TO THE SIGNATURE AT THE END.

Evaluate your home and time commitment for fostering an IG

Are you prepared to care for your foster IG in your home anywhere from three days to three months? (Foster time depends on each dog.)

Yes No

Which of the following best describes your current living situation? (please circle one)

Own: Home Apartment Condominium

Living with relatives

Rent: Home or Apartment (If renting, please include written permission)

Name of landlord _____ Phone _____

Does your landlord allow pets? _____ Any restrictions? _____

Do you have a private yard? Yes No

Fenced? Yes No

Type and height of fence _____

Can the gate be opened from the outside? Yes No

Do you have a dog door? Yes No

If yes, do your dogs have access to the yard when no one is home?

If you do not have a fenced yard:

Are you willing to take the dog out on lead as often as every several hours to relieve itself?

Yes No

How are you planning on starting to potty train your foster IG?

Please list the hours a responsible adult would be home if you were fostering a rescue IG?

Where will your rescue stay when no one is home:

At night:

- Loose in your home
- Crate
- Garage
- Fenced Yard
- Dog Run
- Loose Outdoors
- Other

- Loose in your home
- Crate
- Garage
- Dog Run
- In Our Bed
- Other

What do you plan on feeding your IG _____

Do you feed once a day, twice a day, free feed or other _____

Name and telephone number (with area code) of veterinarian you would use for rescue (if different from above):

Evaluate your dog skills (these do not disqualify you from fostering, it helps us determine what kind of foster dog would work in your home):

Do you know how to handle an obnoxious, untrained, under exercised, overfriendly IG or perhaps a timid, unsocialized IG?

Yes No

Do you feel capable of doing an honest evaluation of an IG's temperament, energy level, and bad habits?

Yes No

Are you willing to share your home yard, family and vehicle with a foster IG, so to be tested in a variety of situations?

Yes No

Are you willing to discuss the foster IG's situation with the Rescue Rep on a regular basis?

Yes No

Do you now, or have you ever, fostered a rescue dog? Yes No

Evaluation you foster IG limits – what type of dog will work best for you?

Age range of foster IG _____

Sex of foster IG _____

Energy Level _____

Training Needs _____

I agree to abide by the Rules, Regulations, Policies and Procedures set forth by the Italian Greyhound Club of America Rescue Committee. www.italiangreyhound.org

I hereby agree that any money (adoption or general donations) that I collect or receive on behalf of IGCA Rescue will be turned over to the IGRF Treasurer through our local IGCA Rescue Representative.

Additionally, I hereby certify that I am at least 21 years of age.

Signature

Date

Please return this application to:

Roxann E. Bailey
IGCA Rescue Representative - Southern California Region
P.O. Box 3154
Costa Mesa, California 92628
Fax: 949-548-4737
roxann@socaligrescue.com