



NorCal Irish Setter Rescue, Inc.

Adoption Form

Please complete the entire form. Sign it, then mail it to:
Paul Armbruster, 660 Snow Road, Sebastopol, CA 95472

After we receive your Adoption form we will contact you.

The information gathered from the Adoption Form is for NCIS Rescue, Inc. purposes only and will not be released to outside agencies.

| | |
|--|--|
| First Name: _____ | Last Name: _____ |
| Phone: _____ | Date: _____ |
| Address: _____ | |
| City: _____ | State: _____ Zip: _____ |
| Email: _____ | |
| Names and relationship of other adults in the household: _____ _____ | |
| Names and ages of children: _____ _____ | |
| Other pets owned: _____ | |
| I live in a: <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Condo; | Which I: <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| Is the yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No | If "Yes", how high? _____ Do you have a pool? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The dog will normally be: <input type="checkbox"/> Inside <input type="checkbox"/> Outside | |
| If "Outside", describe the shelter/space: _____ | |
| Where will the dog sleep at night? _____ | |
| Do all adult family members work? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Number of hours the dog will be left alone on a weekday: _____ | |
| Have you ever owned an Irish Setter? <input type="checkbox"/> Yes <input type="checkbox"/> No | Or other dog? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What happened to it? _____ | |
| Veterinarian's Name: _____ | Phone: _____ |
| Address: _____ | City: _____ State: _____ |
| I prefer a: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: _____ |

I certify that the above information is true and I understand that prior to the placement of an Irish Setter in my home, the information will be verified. I agree to a personal interview with a member of NorCal Irish Setter Rescue, Inc. if requested, to determine the suitability of my facilities to care for an Irish Setter.

Signature: _____ Date: _____