

Placement Questionnaire

Name: _____

Address: _____

Telephone: _____

Email: _____

Name of Spouse/Partner: _____

Name of Children and ages: _____

Other animals in the household? Yes No

Ages? _____

Who will be considered the primary caregiver? _____

The primary care giver should answer the following questions:

1. Occupation: _____

2. Work Schedule: Mon Tues Wed Thurs Fri Sat Sun

3. Hours of Work: _____

4. How many hours a day would the dog be left alone? _____

5. What type of home do you have? House Apartment Condo Mobile home Other

6. Do you? Own Rent If you rent, please provide contact information for your landlord.

7. The dog will spend most of its time Outdoors Inside the house. Comments: _____

8. The dogs sleeping quarters will be: Outdoors Inside the house. Comments: _____

9. Description of the outdoor space for your dog: fenced yard unfenced yard open fields Kennel: Please describe: garage other. Please describe: _____

10. Can we come to visit your facility for the dog? Yes No

11. When you travel, would you normally travel with the dog? Yes No

12. What arrangements would you make for the care of the dog when it is unable to go with you? _____

13. Is anyone in your family allergic to dogs or dog hair? Yes No

14. Please describe what you would need to do with the dog if any of the following situations were to occur:

○ Divorce: _____

○ New baby: _____

○ Loss of Job or serious illness: _____

○ Relocation: _____

15. Name of your Veterinarian: _____

○ Clinic Name and address: _____

○ Clinic Phone Number: _____

16. Do we have your permission to contact your Veterinarian for a reference? Yes No

(You will need to call and request them to accept our telephone inquiry)

17. Do you know anyone with an Irish Wolfhound now? Yes No Comments: _____

Experience in Animal Care and Management

1. Have you previously owned a dog? Yes No For each dog owned, please give the following information: Breed (or mix); how obtained; age when obtained; status of the dog.

a. _____

b. _____

2. Have you ever owned an Irish Wolfhound? _____

3. Do you breed dogs now or have you had experience breeding dogs? Yes No

a. If yes, please explain: _____

4. What animals do you currently own? _____

5. What is the best description of the primary reason you would like to have an Irish Wolfhound? (Please indicate all that apply) for Spouse for Children company for other pet gift guard dog protection hunting dog conformation showing obedience showing breeding lure coursing other-

6. Why do you specifically want an Irish Wolfhound? _____

7. How did you become interested in the breed? _____

8. Have you researched the breed, its personality traits and inherent health issues? _____

9. How much do you think the average expense per year is to own an Irish Wolfhound? _____

10. What sex of animal is your preference? Female Male. Why? _____

11. List the vaccines that you would give to an adult dog and how often? _____

12. How would you plan to control internal parasites in your dog? _____

13. What would you describe as the “basic” care needs for an Irish Wolfhound puppy? _____

14. What would you describe as the “basic” care needs for an Irish Wolfhound adult? _____

15. How do you plan to housetrain your new puppy? _____

16. Have you ever trained a dog? No Yes – check all that apply:
a. Informal training sit lie down stay heal
b. formal training CD CDX UD Tracking agility Other – please
describe: _____

17. Do you believe in euthanasia for animals with terminal, painful disorders? _____

18. Would you agree to a contract of sale, which requires the neutering/spaying of your
animal? Yes No
19. If interested in breeding Irish Wolfhounds, will you agree to a contract that requires that
you seek our recommendation and approval for breeding? Yes No
- 20. Would you agree to a contract that requires you to return the IW to the breeder if your
circumstances change? Yes No**
21. References: Please submit 2 names of people and contact phone numbers that we have
your permission to contact:
a. _____
b. _____