

## Magnolia Setter Rescue - Adoption/Fostering Application

Thank you for your interest in adopting (or fostering) a Setter. A complete answer to the following questions will enable us to be more familiar with your request and requirements, and will help us find the Setter to match your needs and expectations.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

With whom are you/spouse employed and how long have you worked there? \_\_\_\_\_

Occupation: \_\_\_\_\_

Members of household and their ages: \_\_\_\_\_

Do they share your interest in adopting a Setter? \_\_\_\_\_

Does anyone in your household have allergies? \_\_\_\_\_ If yes, to what allergens? \_\_\_\_\_

Are you aware that Setters are very active and most need a fenced yard? \_\_\_\_\_

Have you ever owned a Setter, and if so, which Breed? \_\_\_\_\_

Which breed of Setter are you interested in adopting  or fostering ? (check one or both)

Adopting: Irish  Gordon  English  Irish Red & White

Fostering: Irish  Gordon  English  Irish Red & White

Have you fostered dogs in the past, and if so, for what organization? \_\_\_\_\_

Is there a dog on [setterrescue.petfinder.com](http://setterrescue.petfinder.com) that you are specifically interested in adopting? \_\_\_\_\_

Age desired: Any  Specific Age: \_\_\_\_\_ Senior (8 years and older) \_\_\_\_\_

Activity level desired: High  Medium  Calm  Sex: Male  Female  Either

Would you consider a special needs Setter such as one who requires medication for a controlled condition? \_\_\_\_\_

Or one who needs obedience training? \_\_\_\_\_

Who is the dog primarily for? Adult  Child  Elderly

How long have you lived at your current address? \_\_\_\_\_ Do you own or rent? \_\_\_\_\_

If you rent, does your landlord permit you to have a dog? \_\_\_\_\_ Up to what size? \_\_\_\_\_

Name and phone number of landlord: \_\_\_\_\_

Is your home a: House  Apartment  Condo  Neighborhood is: City  Suburb  Rural

Is your yard fenced? \_\_\_\_\_

Type of fence: \_\_\_\_\_ Height: \_\_\_\_\_

Approximate size of fenced yard area: \_\_\_\_\_

If you do not have a fence, are you willing to install one? \_\_\_\_\_

If you do not have a fenced yard, how and where will the dog be exercised? \_\_\_\_\_

Do you have a pool? \_\_\_\_\_ In-ground or above? \_\_\_\_\_ Separately fenced? \_\_\_\_\_

Who will care for, train and exercise the dog? \_\_\_\_\_

Will the dog be: Walked daily? \_\_\_\_\_ Exercised in a fenced yard? \_\_\_\_\_

Allowed to run free without supervision? \_\_\_\_\_

Who will groom the dog? \_\_\_\_\_

Will the dog be allowed in the house? \_\_\_\_\_

Is an adult family member home during the day? \_\_\_\_\_

How long daily will the dog be left alone (without humans)? \_\_\_\_\_

Where will the dog stay when you are away from the house? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Are you familiar with crate training? \_\_\_\_\_

Have you ever taken an obedience course with a dog? \_\_\_\_\_

Please list all the pets you have owned in the past 3 years. Include: species; sex; age; spayed/neutered; what happened to the pet or that you still have it. \_\_\_\_\_

Have you sold, given away, or surrendered a pet? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Have your dogs been kept current on vaccinations and heartworm prevention? \_\_\_\_\_

Please provide contact information for your current veterinarian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please identify any other veterinarians that you have used for the past three years:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please tell us why you want a Setter: \_\_\_\_\_

Please tell us a little about your lifestyle, your family and any special activities in which your dog would be carefully included. (If you have any special requirements or requests for a dog, please let us know so that we can more match a dog to your lifestyle.): \_\_\_\_\_

---

Has any member of your household ever been cited for leash law violations or cruelty to animals? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

I attest that the information provided on this application is true and accurate to the best of my knowledge. I understand that prior to the placement of a Setter in my home, the above information may be verified. I also agree to a home visit with a volunteer of the Rescue Program, if requested, to determine the suitability of my home to care for a Setter. I also understand that completion and submission of this application does not guarantee the adoption of a Setter.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete and fax, email or mail to Bonnie Foster, 17590 S.E. Hwy. 452, Umatilla, FL 32784  
Phone 352-821-2155 ~ Fax 352-821-2188 ~ Cell 239-849-1413 ~ Email: MegOwnsMe@aol.com