



Application for Consideration as an IWSCA Rescue Home

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-Mail: _____

No. of Children: _____

Age/Sex of Children: _____

Other Pets? YES / NO

Info on Other Pets: _____

Fenced Yard? YES / NO

Previous IWS Owner? YES / NO

IWSCA Member? YES / NO

Former IWSCA Member? YES / NO

Desired IWS Placement: _____

Potential Foster Home? YES / NO

Potential Home? YES / NO

Veterinarian Reference:

Clinic Name: _____ Vet's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-Mail: _____

Please return form to IWSCA Rescue. A list of contacts is attached. You may provide this information to Colleen McDaniel 425-486-9567 colleen@aocb.com or Renae Peterson 306-825-6128 Eclawiws@aol.com, the National Coordinators, or to your local Chair.