

ADOPTION APPLICATION

This form, followed by a home inspection and adoption fee of \$500 must be made before the adoption can be completed. (Senior greyhounds 9 yrs and older are \$200)

Applicant #1 Name:	
	Zip code:
CONTACT INFOI	RMATION
Cell phone #:	
	et time to contact you:
EMPLOYMENT I	NFORMATION
How many adults: _	
Adult #1 Employer:	
Occupation:	
Hours at work per d	
Hours at work: per o	



HOME INFORMATION
Children in home: ☐ Yes ☐ No ☐ Some of the time
Ages of children living in your home:
Do you own or rent your home: Rent Own
**If you rent, we must have the landlord's approval for a Greyhound to be placed
in the house or apartment**
Style of home you live in (2 story, ranch, etc.):
How many sets of stairs are in your home? (Outside and inside):
How long have you lived in your current home:
Do you have an enclosed yard: ☐ Yes ☐ No
***Greyhounds cannot use invisible fences, tie outs, zip lines, lunge lines, and
<u>never</u> allowed to run free without a fenced area!!!***
What type and height of enclosure?:
What type of exercise will you provide your Greyhound?:



List a reason why a Greyhound must be under lead (on a leash) at all times when not in
a fenced in area:
Where will your Greyhound stay while you are away from home:
How long will your Greyhound be alone daily:
Where will your Greyhound sleep:
What is your activity level in your home:
Do you expect any lifestyle changes (baby, moving, job changing, etc.):
Are you aware of the local ordinances owning a dog: ☐ Yes ☐ No
Do you have any pets living with you: \square Yes \square No
List all current pets, ages, breed and gender living with you:



List personalities of above pets:
Are they spayed or neutered: \square Yes, all of them \square No \square Some yes, some no.
Does anyone in your home have allergies to dogs: ☐ Yes ☐ No
List your previously owned pets:
Why are they not with you now:
Is there any reason you would return a pet, please explain:
is there any reason year weara retain a pet, preaso emplani.
Are you financially able to care for all the Greyhounds needs: Yes No
Will you provide all necessary vet care including year round heartworm, flea meds,
vaccines, etc.: ☐ Yes ☐ No
What type of Greyhound interaction(s) have you had:



VETERINARIAN INFORMATION

Veterinary Clinic or Veterinarian name and phone number for all pets current and past (list all if more than 1) Name: Phone number: Address: City, ST. Zip: Name: Phone Number: Address: City, ST. Zip: May we contact your vet: \square Yes \square No Please explain: ADOPTION Have you applied and/or adopted a Greyhound in the past: \square Yes \square No If yes, what group: _____ Why didn't you adopt through that group? Reason you want to adopt a Greyhound:

Do you agree to an in home interview: \square Yes \square No



Can a Greyhound Expression representative contact you for an update after the adoption to see how you and your new Greyhound are doing: ☐ Yes ☐ No
Do you have any specific concerns about adopting a Greyhound: \square No \square Yes, please explain:
Do you have a specific Greyhound you are interested in:
If this specific greyhound is not the best suitable or already pending on a home, will you be willing to let us place a better suited Greyhound in your home: Yes No Preveryone in your home agrees to adopt a Greyhound: Yes No please explain:
Is all the information above true to the best of your knowledge: Yes No
Do you agree to all the terms and conditions of this application: \Box Yes \Box No
MISCELANEOUS
Where did you hear about us (internet, events, referred by etc.):
Other comments, questions or concerns:



REFERENCES

References may not live in your household, only ONE reference can be a family member. Please make sure your references know that we will be contacting them.

<u>at</u>

Once completed please email to info@greyhoundexpressions.org