

GOING HOME GREYHOUNDS, INC.

ADOPTION APPLICATION

P.O. Box 513, Wexford, PA 15090

724/935-6298 Phone & Fax

Name(s) of all adults living in the household (including adult (18+) children):

Occupation: _____

Address: _____ City/State/Zip: _____

Home/Cell phone(s): _____ Business phone: _____

Employer: _____

Address: _____

E-mail address: _____

Would you prefer to be contacted by e-mail _____ or telephone _____? (We will contact you shortly by e-mail unless you have checked phone.)

The first step in the adoption process is reading Retired Racing Greyhounds for Dummies by Lee Livingood prior to sending in this application. It is immediately available through our on-line store www.goinghomegreyhounds.org/about/ , at your library or in a bookstore.

1. Please list information on any **pets** you currently own:

	<u>Name</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Size (lbs)</u>	<u>Spayed/Neutered?</u>
a)						
b)						
c)						

2. Have you ever owned a greyhound before? Yes ___ No___ If so, please indicate when you adopted it and the contact information for the group or person you adopted it from. _____

2b. Have you ever adopted a pet through any other rescue organization or shelter? Yes_____ No_____

If you answered yes above please provide:

2c. Name and contact information of each organization

2d. Name of pet and date of adoption.

3. What pets have you had in the past?

Why are they no longer with you?

4. Do any children live in your household? Yes ___ No ___ Please list age (newborn to 17) and gender of any children in household. **(Note: Going Home Greyhounds requires that all children, in the adoptive family, be at least 10 years of age.)**

4a. If there are children who visit on a regular basis, please list their ages and gender.

5. Do you own your home? Yes _____ No _____

Dwelling type: Single family _____ duplex or apartment ____ mobile home ____

6. If you do not own the home, can you get a written and notarized letter of permission from your landlord stating that you may have a greyhound? *(We must have this letter in our hands prior to the actual adoption of a greyhound.)* Yes ___ No ___

7. Do you have a completely fenced in yard? Yes _____ No _____ (Fence is required for all first time adopters)

7b. What type of fencing? (Cyclone, stockade, split rail, picket, etc.) _____ How tall? ____ Feet

(GHG discourages the use of invisible fencing with greyhounds.)

7c. What is the exact height of your fence at the lowest point? _____ Feet

(GHG requires a minimum height of 4 feet for a greyhound to be safe when left off leash.)

8. If you do not have a fenced in yard, are you willing and able to take a greyhound outside **on a leash** for relief and exercise at least 3 or 4 times every day? Yes ___ No ___

9. How many hours a day will the greyhound be home alone? _____

9b. Where will the greyhound be while you are away from home on a daily basis?

9c. Where will the greyhound sleep at night?

10. Do you understand that a greyhound **must** be kept on a leash at all times when not in a completely fenced in area and that you can never tether a greyhound to a tie-out, pole, running line, etc.? Yes ___ No ___

11. A greyhound **must live within the home**. Greyhounds cannot be kept in outdoor kennels or doghouses, be chained outdoors, put on a wire run or kept outside in any fashion. Are you willing and able to keep a greyhound inside your home? Yes ___ No ___
12. Will you permit a *Going Home Greyhounds, Inc.* representative to visit your home for purposes of deciding whether to grant your application? Yes ___ No ___
13. Will you keep a collar, **bearing identification tags and current licenses**, on a greyhound at all times, and further, promise to notify *Going Home Greyhounds, Inc.* as soon as possible if he/she should ever become lost? Yes ___ No ___
14. Is there anyone living in your household suffering allergic reactions to dogs? Yes ___ No ___
15. Are all members of your family in agreement about adopting a greyhound? Yes ___ No ___
16. GHG will be contacting all the veterinarian(s)/clinics listed below upon submission of this application to verify information regarding past history of all your pets including but not limited to vaccines, preventative medicine and general health concerns. Please contact them in advance and give permission to release your records/information to a GHG representative. This will help speed up the application process for you.

Please list ALL veterinarians and/or vaccine clinics that have treated your pets in the past 7 years.

Vet or Clinic name and phone numbers:

Pet Name

Dates for history of care

- 1)
- 2)
- 3)

17. Greyhounds adopted through *Going Home Greyhounds, Inc.* generally will come to their new owners already spayed or neutered, having had a full dentistry check-up and a complete physical examination, including initial worming and flea treatment, a heartworm check, and inoculations current within six months. To help defray these and other operating expenses, we recommend a **non-refundable** adoption donation of at least \$600.00 for a male greyhound adoption and \$650 for a female greyhound. Are you willing to make this non-refundable donation? Yes ___ No ___
18. If your application is approved, you will be required to sign an Adoption Agreement setting forth certain terms and conditions pertaining to the adoption of a greyhound to which you must agree. Will you carefully review the Adoption Agreement before signing? Yes ___ No ___
19. How did you originally hear about *Going Home Greyhounds, Inc.*? (Meet and Greet, friends, internet search, website, newspaper article, etc) _____

By signing this form, I hereby certify that all the information I provided on this Adoption Application is true and correct and I grant *Going Home Greyhounds, Inc.* permission to contact the veterinarian(s) listed in response to number 15 above for the purpose of obtaining a reference, and I agree to hold the veterinarian(s) harmless for providing such information.

Signature: _____

Signature: _____

Print name _____

Print name _____

Date: _____

Date: _____