

Greyhounds As Companions

PRE-ADOPTION APPLICATION

Please print and complete this application in full, and return to the address below.

NAME/S _____

ADDRESS _____

Daytime Phone _____ Evening Phone _____ Email _____

In what type of housing do you reside? ___ Apt/Condo ___ Townhouse ___ Single Family ___ Two Family
Do you: ___ Own ___ Rent (If yes, for how long?) _____

If you rent, does your landlord permit dogs? ___ Yes ___ No ___ Not Sure
May we contact your landlord? ___ Yes ___ No Landlord's Phone _____

Do you have a completely fenced-in yard? ___ Yes ___ No
Size _____ (sq. ft.) Type _____ Height _____ (in feet)

Does your fence connect to your house so that a door can be opened to let a greyhound outside?
___ Yes ___ No (If No, please explain where the fenced area is located in regards to your home):

If you do not currently have a fenced yard, would you consider putting one up? ___ Yes ___ No

Please Note: INVISIBLE FENCES ARE NOT APPROVED BY GAC FOR GREYHOUNDS

Makeup of household: ___ Adults ___ Children Ages: _____

Do small children frequently visit your home ___ Yes ___ No

Do you babysit or do day care for children in your home?

Does anyone in the household have allergies? ___ Yes ___ No
(If yes, to what?) _____

Which family member will have primary responsibility to care for the Greyhound? _____

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

How close is your nearest neighbor? _____

Will this be your first pet? ___ Yes ___ No What pets did you previously own?

What happened to them? _____

What pets do you currently own?

___ Dogs (Breed, Sex & Age) _____

___ Cats _____

___ Other _____

Are your current pets neutered? _____

Who is your veterinarian? _____ Phone _____

May we have your permission to use your vet as a reference? ___Yes ___No

Why do you want to adopt a Greyhound? _____

How did you find out about Greyhounds As Companions, Inc.? _____

Where will your Greyhound spend most of its time? _____

Where will it sleep at night? _____

Are you willing to use a crate to train your Greyhound? ___Yes ___No

Do you agree to keep your Greyhound on leash or in a fenced-in area at all times? ___Yes ___No

Do you understand a Greyhound cannot use a cable dog run or be tied up? ___Yes ___No

Do you agree to return your Greyhound to us if you are unable to keep it ___Yes ___No

Will you allow us to visit your home as part of this pre-adoption process? ___Yes ___No

Are you willing to provide us with follow-up reports? ___Yes ___No

Do you agree to immediately license your Greyhound? ___Yes ___No

Have you applied to adopt a Greyhound before? ___Yes ___No

Please date and sign below:

Date (Applicant(s)' Signature(s))

I/WE UNDERSTAND THAT A NON-REFUNDABLE ADOPTION DONATION OF \$235.00 IS REQUIRED AT THE SIGNING OF THE ADOPTION CONTRACT. _____(Initials)

We rely upon this questionnaire to obtain information needed to approve your adoption of a Greyhound from us. The success of your adoption depends heavily upon your selecting the right dog. Whatever you can tell us about your daily routine and the individuals who will share your dog's life is extremely helpful to us. Additional comments and questions are always welcome.

PLEASE MAIL APPLICATION TO:
Greyhounds As Companions, Inc.
1770 Delaware Tpke.
Delmar, NY 12054
(518) 768-2579
pats1packer@aol.com
Greyhounds As Companions, Inc.

PLEASE USE THE SPACE BELOW FOR ADDITIONAL COMMENTS: