



ADOPTION APPLICATION

Applicant Name:		Email Address:	
Home Phone:	Cell Phone:	Best Time to Call:	
Spouse/Significant Other Name:		Length of Relationship:	
Home Address:			
City:		State:	Zip:
How long have you been at this address?			
Employment Status (please check all that apply):	<input type="checkbox"/> Employed part-time <input type="checkbox"/> Student	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed <input type="checkbox"/> Work from home
What is your occupation?			
How often do you travel for work?	<input type="checkbox"/> No work travel <input type="checkbox"/> Once a month	<input type="checkbox"/> Once a week <input type="checkbox"/> 2 - 3 times a month	<input type="checkbox"/> 2 - 3 times a week <input type="checkbox"/> Less than once a month
Why have you chosen to adopt a greyhound?			
Do you have a strong gender preference for your adopted greyhound? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference			
What is your daily schedule like and how much time can you commit to spending daily with your greyhound?			
If your greyhound is alone all day, where do you intend to leave it?			
Where will your greyhound sleep at night?			
Are you willing to use a crate and/or muzzle (provided with adoption) to assist in your greyhound's transition from track to home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need additional information on the transition process			
What will you do with your greyhound when you travel / vacation?			

	Name	Relationship	Age (if a minor)	Experience with dogs
Please list all other members of your household:				<input type="checkbox"/> Not very experienced <input type="checkbox"/> Somewhat experienced <input type="checkbox"/> Very experienced
				<input type="checkbox"/> Not very experienced <input type="checkbox"/> Somewhat experienced <input type="checkbox"/> Very experienced
				<input type="checkbox"/> Not very experienced <input type="checkbox"/> Somewhat experienced <input type="checkbox"/> Very experienced

Who will be primarily responsible for the care and training of your greyhound?

Does anyone in your home have allergies or any other health condition that will interfere with providing proper care for this greyhound? Yes No If so, what type of condition?

Are ALL members of your household aware of and in agreement with adopting a greyhound? Yes No If no, please list who is not in favor of the adoption and the nature of their concerns:

In what type of home do you live? House Mobile Home Apartment
 Townhome Condominium Other

Do you lease or own your home? Lease Own

If you lease, may we contact your landlord to verify pet ownership policies? Yes No If yes, please provide landlord's name and phone number for verification:

Do you have a completely and securely fenced yard? Yes No If yes, how large is your yard? What type and size of fence do you have?

If you don't have a fully fenced yard, are you willing to leash-walk your greyhound 3-4 times daily for necessary functions and exercise? Yes No N/A

	Name/Breed	Temperament	Gender	Spayed/Neutered	Age	Lives	Years Owned
Please list all other dogs and cats in the household:			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	

List any other pets in the household:

Do you use heartworm preventative for all of your dogs and cats? Yes No N/A

Are all of the animals in your household current on their vaccinations? Yes No N/A

What became of each of the pets that you have owned in the past ten years?

What would you consider valid reasons for giving up a pet? Check all that apply. Barking Digging Having a baby Whining/Crying Destructive behavior Too expensive Biting Housebreaking problems Serious illness Chewing Moving

Have you ever turned a pet into Animal Control, Humane Society or rescue? Yes No If yes, please explain the circumstances of the return(s):

Veterinarian Name:		Clinic:		Phone Number:	
May we contact your vet to obtain information on the health care of your pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		Name		Phone Number	
				Best Time to Call	
List three (3) references, two (2) of whom are not related to you.					
How did you hear about Greyhound Friends?					
If a first time greyhound owner, what research/reading have you done on the greyhound breed?					
Do you understand that your greyhound MUST live inside? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you understand that your greyhound must be on a leash or in a securely fenced area at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you understand that a greyhound cannot be tied out (tethered) on a leash or a chain? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you understand if for any reason you are unable to keep your greyhound adopted from GFNC, you must return the greyhound to Greyhound Friends of NC? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you financially able to accept immediate and full responsibility of ownership for the remaining life of your adopted greyhound (including food, regular veterinary care, heart worm prevention, annual shots and dental care)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you or have you been: 1) a volunteer of or 2) a previous adopter of a greyhound from GFNC?				<input type="checkbox"/> Yes	If yes, please provide details:
				<input type="checkbox"/> No	
Have you worked with any other animal welfare organization (including applications submitted) in the past six (6) months to pursue adopting a greyhound or any other pet?				<input type="checkbox"/> Yes	If yes, which group and when?
				<input type="checkbox"/> No	
Would you consider adopting a senior (7+ years) or a special needs greyhound?				<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Maybe
When will you be ready to adopt?				<input type="checkbox"/> Immediately	<input type="checkbox"/> Within a month <input type="checkbox"/> More than a month
Where are you willing to drive to meet our fostered greyhounds? Check all that apply.				<input type="checkbox"/> Charlotte	<input type="checkbox"/> Wilmington

I certify that all statements I have made in this application are true and correct. I agree to abide by the requirements set forth in the adoption contract. I authorize a GFNC volunteer to investigate my answers herein, and I understand that my application is pending the outcome of that investigation.

Signature

Date

Signature

Date