

Personal Information

How did you hear about Greyhound Friends For Life? _____

Name: _____

CA Drivers

License Number: _____

Street Address: _____

Home Phone: _____

City, Zip: _____

Work Phone: _____

References of 2 people who do not live with you:

1. _____

Phone: _____

2. _____

Phone: _____

Who is your Veterinarian?

Name: _____

Address: _____

Phone: _____

Please check your housing situation: Own House Own Condo

Rent House Rent Mobile Home Military Housing Other _____

Renters, please provide Landlord's name: _____

Does Landlord allow pets? YES NO

Phone: _____

How long have you lived at your present address? _____

Are you planning to move within the next 6 months? YES NO

If you move what will you do with your pets? _____

Do you have access to a yard? YES NO Approx. size of yard: _____

Describe the yard: Open Fully enclosed Type of fence / height: _____

How many adults in the household? _____

Children / ages: _____

Who will be responsible for the dog's care? _____

Is anyone in the house allergic to animals? YES NO Describe the vehicles you drive: _____

Greyhound Friends For Life Adoption Application

Pet Ownership History

Please list all pets currently in the home, including small caged pets and barnyard animals:

Type of Pet	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Spayed or Neutered <input type="checkbox"/> YES <input type="checkbox"/> NO	Kept In or Out <input type="checkbox"/> IN <input type="checkbox"/> OUT	How long owned?
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____

Please list all pets owned in the last 10 years other than those listed above:

Type of Pet	Spayed or Neutered <input type="checkbox"/> YES <input type="checkbox"/> NO	Kept In or Out <input type="checkbox"/> IN <input type="checkbox"/> OUT	How long owned?	What Happened to Pet?
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> IN <input type="checkbox"/> OUT	_____	_____

Have you ever surrendered a pet to an animal shelter? YES NO

Please explain the circumstances: _____

Greyhound Friends For Life Adoption Application

Dog Selection Criteria

What is your main reason for wanting to adopt a Greyhound? Please check all that apply.

- Companion for you Companion for other pets Companion for children
 Watch Dog Hunter Breeding House Pet Gift

If the dog is a gift, who is it for? _____

Sex preferred: Male Female Age range preferred:

Temperament preferred:

- Very active Active Easygoing Lap dog Sedate Intelligent
 Playful Protective Affectionate Shy Independent Other _____

I would like my new dog to get along with:

- Other dogs Cats Birds Farm Animals Young children

Do all members of the family favor this type of dog? YES NO

Dog Care

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

Where will the dog sleep at night? _____

Where will the dog be during the day (indoors, outside, at work with you, garage, etc.)?

If you plan to keep the dog outside, what kind of shelter will you provide?

- How will you keep your dog confined to your property? Check all that apply. In the house
 Kennel Fenced yard Garage Patio Tethered Chain With training

How will you exercise the dog? _____

How long do you plan to keep the dog? _____

If you must give it up, what would you do?

Do you object to an inspection of your premises? YES NO

Do you have a swimming pool, pond or spa? YES NO

If yes, what type of cover do you have for it?

I hereby release to Greyhound Friends For Life all veterinary records of any and all animals I own or have owned. I certify that all information in this application is true and that I understand that any false information may void this application.

Signature: _____ Date: _____

Signature: _____ Date: _____