



Personal Information

How did you hear about Greyhound Friends For Life? _____

Name: _____ Cell Phone: _____
 Street Address: _____ Home Phone: _____
 City, Zip: _____ Work Phone: _____
 Email: _____

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 Apartment
 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: _____

Pet Ownership History

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

Type of Pet	Age	Sex	Spayed or Neutered	Kept In or 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	_____

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

Type of Pet	Spayed or Neutered	Kept In or 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	_____	_____

Have you ever surrendered a pet to an animal shelter? YES NO
 Please explain the circumstances: _____

* Add additional sheet if necessary

Greyhound Friends For Life Adoption Application

Dog Selection Criteria

When will you be ready to adopt? _____

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: _____