



GREYHOUND LIFESAVERS

ADOPTION APPLICATION

Please complete this application in its entirety. Answer questions by filling in the blanks or circling the correct answers. If you have any questions or concerns, contact Judy Horton; (803) 957-3866, e-mail: jhorton8@sc.rr.com.

YOU MUST BE 18 OR OLDER TO APPLY FOR GREYHOUND ADOPTION.

Name: _____ Date: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: (____) _____/home (____) _____/work (____) _____/cell

E-Mail: _____ Best Time to Contact You: _____

Your Age: _____ Your Occupation: _____

Name of Company _____

Are You Married: Yes No Spouse's Name and Occupation/Company _____

Do you have children currently living with you? Yes No Age _____ Sex _____

Age _____ Sex _____

Age _____ Sex _____

Do you have children or grandchildren who visit you regularly? Yes No

Age/Sex: _____

Are you willing to teach your children/grandchildren the responsibility of owning/caring for a greyhound? Yes No

Are there any other persons living with you in your home? Yes No

If yes, please specify: _____

Are all persons who live in your home in support of you adopting a greyhound? Yes No

If not, please explain: _____

Does anyone in your home have allergies? Yes No

If Yes: Environmental _____ Pets _____

REFERENCES

Veterinarian: Current Previous # of Years _____

Veterinarian's Name: _____

Clinic Name: _____

Address: _____

Telephone: _____

I hereby authorize the above-named veterinarian to release any requested information to a representative of Greyhound Lifesavers.

Signature and Date: _____/_____

TYPE OF GREYHOUND DESIRED:

Please describe the greyhound you would like to adopt. Circle all that apply

Personality:	Shy	Outgoing	Sociable with Other Dogs	
	Placid	Playful	Somewhat Affectionate	
	Mellow	Sociable with Cats	Very Affectionate	
	Other: _____			

Sex:	Male	Female	Doesn't Matter	
Activity Level:	Couch Potato	Playful	Highly Active	Playful with Activity
	Other: _____			

Age:	Younger (2-3 yrs)	Middle Age (4-7 yrs)	Older (8 yrs and up)	Doesn't Matter
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Color: Greyhound Lifesavers prefers to place a greyhound based on its personality and suitability to the adoptive home rather than sex or color. However, if someone in your home has allergies, we recommend a brindle or black greyhound.

What activities would you like to participate in with your Greyhound?

Walking	Obedience	Agility	Pet Therapy	Jogging
Parades	Greyhound Meet & Greets	Reunions of adopted greyhounds		

Other: _____

What do you consider to be the three most important qualities you are looking for in a greyhound? _____

Our greyhounds arrive from the track/farm in fairly good condition, but at times minor track injuries require some rehabilitation or additional medical attention. Are you willing to adopt such a greyhound? Yes No

Comments: _____

GREYHOUND CARE:

Who will be responsible for your greyhound's daily care? _____

How many hours a day will your greyhound be left alone? _____

If you have not read *Adopting the Racing Greyhound* by Cynthia A. Branigan, it is a requirement
Have you read this book? Yes No If not, it must be read prior to the home visit.

Greyhound Lifesavers also recommends that if you have children, you also read *Child-Proofing Your Dog* by Brian Kilcommons and Sara Wilson (Warner Books).

Both of these books are available at Amazon.com through our website.

Are you aware that a greyhound is an indoor pet and cannot survive as an outdoor animal? Yes No Need Information

Are you willing to modify your lifestyle if necessary to accommodate a greyhound's needs and keep it as an inside pet?

Yes No If, not, please explain: _____

Are you willing to walk your greyhound on a leash 4 to 6 times a day during its adjustment period if necessary? This is if you do not have a fenced in yard. Yes No N/A

Are you familiar with crate training? Yes No Need Further Instruction

Are you willing to crate your greyhound during its adjustment period if necessary? Yes No Need Further Instruction

If you do not already have a crate, are you willing to purchase or rent a crate for your greyhound?

Yes No Already Have a Crate Size and Type of Crate _____

Are you willing to have your greyhound immediately under the care of a veterinarian AND assume any medical costs for your greyhound's care? Yes No

Are you willing to notify Greyhound Lifesavers of any medical emergencies (injuries or illness) and provide copies of treatment records for your greyhound, if necessary, so we may be aware of any problems? Yes No

Are you willing to place identification on your greyhound linking it to you within one week of adoption? Yes No

Will you notify Greyhound Lifesavers immediately if your greyhound is lost or stolen, or has died? Yes No

Will you inform Greyhound Lifesavers of any change of address, telephone number or veterinary care? Yes No

Comments: _____

Do you certify that all of the information on this application is true and correct? Yes _____ (Please Initial)

Signature: _____

Date: _____

Please return completed application with a \$ 25.00 application-processing fee * (made payable to Greyhound Lifesavers) to:

Joyce Jackson
Greyhound Lifesavers
914 D Avenue
West Columbia, SC 29169
Or
FAX To: (803) 957-4548 – Judy Horton

If sending your application via fax, mail the application
fee to: Greyhound Lifesavers
c/o Charles Brown
200 Austree Drive
Columbia, SC 29229

*A \$25.00 application-processing fee is required per application. A check made payable to: Greyhound Lifesavers can be mailed separately from the application, but the adoption process will not begin until receipt of the completed application and application-processing fee. Please include the name of the applicant(s) on the deposit check. If Greyhound Lifesavers declines your application, your application fee will be refunded. If Greyhound Lifesavers is unable to find a suitable dog for you within 120 days of receipt of your application fee, you will be given the option to extend the search or receive a refund. If you choose not to adopt from Greyhound Lifesavers your application fee will be forfeited.