

AWESOME GREYHOUND ADOPTIONS

Phone: 561-737-1941 Fax: 561-737-2349

Adoption Application

This is the initial application for completion to adopt a greyhound as a pet or as a service dog. It is intended for us to become more familiar with your needs in the adoption process and to determine if this is the right breed of dog for you. There will also be a home visit required and, once the affirmative decision is made about the adoption, you will have to fill out the adoption contract to enable you to adopt a specific greyhound.

Application is for Pet Greyhound _____ Application is for Service Dog (veterans only) _____

Date:		
Name:		
Domestic Partner Name:		
Address:		
City, St., ZIP:		
Occupation: #1	Occupation: #2	
Home Phone:	Cell Phone #1:	Cell Phone #2:
Work Phone #1:	Work Phone #2:	
Email Address #1:		
Email Addfrss #2:		
Why do you want to adopt a greyhound	1?	
What characteristics would you prefe	er in a greyhound in terms of sex	, size, personality, etc.?
How did you learn about Awesome Gr	eyhound Adoptions?	
This section of the questionnaire is o exposed to.	designed to aid AGA in determir	ning the environment a greyhound would be

Number of Adults in the home:

Number of hours the greyhound would be alone at one time:

Number of children in your home: _____ And their ages? _____

Are there any	family members with s	No	No		
Where do you	ı live?				
House	Mobile Home	Apartment	Condominium	າ	-
Do you own _	or rent	How many years at p	resent address?		
If you rent, wh	hat are the rules for pet	s?			
Landlord's Na	me (if applicable)				
Landlord's pho	one:				
Landlord's Ad	dress:				
Landlord's Cit	y, State, ZIP:				
		ociation rules that apply to			
Yes	No	If yes, please explain	:		
Would you be	willing to have a AGA I	Representative visit your h	ome? Yes	No	
Would you be	e willing to crate the dog	g when it is alone during th	ne adjustment period	1? Yes	No
Do you own o	r have access to a suita	bly sized crate? Yes	No		
Do you smoke	e or have others who sm	noke in your family?			
Do you allow s	smoking in the house?				
What resting/s	sleeping space will be a	vailable for the dog?			
What outside	space is available for th	e dog (of appropriate size)?			
	enced? Yes	No			
					ft.

			LEASH at ALL TIMES whe	
What type of veh	icle do you drive? Car	Van	Truck	SUV
Is there sufficier	nt room for your family A	ND your greyhound in t	the vehicle? Yes	No
Do you intend to	keep your greyhound IN	I the house? Yes	No	
Do you have a s	wimming pool? Yes	No		
Are there stairs i	n your home? Yes	No		
Are you willing a	and able to walk or let y	our greyhound outside	e to relieve itself from 4 to 6	6 times daily?
Yes	_ No			
rehabilitated bei		ally do not have long te	red, a broken bone, droppe erm effects from injuries. V	ed muscle, etc. They are Vould you consider adopting
Do you agree to	keep a collar "Bearing	Identification" on your	greyhound at ALL times?	
Yes	No			
			any reason, you can not kee sent of Awesome Greyhoun	ep your greyhound, and further Id Adoptions?
Yes	No			
Are ALL membe	rs of the household in T	OTAL AGREEMENT abo	out adopting a greyhound?	
Yes	No			
Are you aware t	hat the greyhound's rac	ing career is over and	can NOT be re-activated?	
YesNo	0			
Is your home loo	cated in a hurricane evad	cuation area? Yes	No	
What are your pl	ans for your greyhound	in the case of a hurrica	ne or tropical storm?	

What are your plans for your greyhound while you are on vacation?

This section of the application is designed to give us some idea of your past and present experience in keeping and caring for dogs.						
Do you currently own any pets? Yes No						
If yes, pleae list the type of pet, breed, sex and age of each pet and also if the pet is spayed or neutered:						
If you do not currently have any pets, have you previously owned a dog? Yes No						
If yes, whagt breed(s)?						
How was each of the dogs obtained?						
What became of the dog(s)?						
Have you ever bred or raised dogs? Yes No						
Do you have a veterinarian? Yes No If yes, please give the name, address and phone # of the Vet:						
How far from your home is your nearest 24 hour emergency vet? Name and address of this facility:						
Please give the name, address and phone number of two references.						
L certify that all of the information given on this adoption application is true and correct.						
Signature:Date:						
Please e-mail to BarbaraMasi@comcast.net or fax to 561-737-2349						

Mail: 226 SE First Avenue – Boynton Beach, FL 33435