

Greyhound Rescue of New York, Inc.

Pre-Adoption Application

Name _____ Daytime Phone _____
Address _____ Evening Phone _____
_____ Email @ home _____
_____ Email @ work _____
How did you find us: _____ Clinic Date _____

1. In what type of housing do you reside? ___ Apt./Condo., ___ Townhouse, ___ Single Family

2. Do you: ___ Own ___ Rent

If you rent, does your landlord permit dogs? ___ Yes ___ No ___ Not Sure

Would you permit us to contact your landlord? ___ Yes ___ No

Landlord's telephone number _____ (We need written approval letter)

3. Do you have a fenced in yard? ___ Yes, Height _____ (in feet), ___ No.

If No are you able to leash walk dog at least 4 times a day for necessary functions?

___ Yes ___ No. If No, why not? _____

NOTE: Invisible fences are unacceptable, due to the greyhound's speed and other factors.

4. Makeup of household: ___ Adults ___ Children, Ages: _____

5. Does anyone in the household have allergies? ___ No ___ Yes, What type? _____

6. Which family member will have the major responsibility of caring for the dog? _____

7. How many hours a day would the dog normally be left alone? _____

8. How close is your nearest neighbor? _____ Is the Area? ___ City, ___ Suburban, ___ Rural

9. Will this be your first pet? ___ Yes ___ No

What pets did you previously own, if any? ___ Dogs ___ Cats ___ Other

What happened to them? _____

What pets do you currently own if any? ___ Dogs, Breed _____

___ Cats ___ Other, what kind _____

If you currently own a dog(s), is it neutered/spayed? ___ Yes ___ No

10. Who is your veterinarian? _____ Phone Number _____

Address: _____

11. Why do you want to adopt a Greyhound? _____

12. What sex do you prefer? Female Male No preference

13. Where will your Greyhound spend most of its time? _____

14. Are you willing to crate train your Greyhound, if necessary? Yes No

15. Since Greyhounds bond closely to their owner, will you allow your Greyhound to sleep in your bedroom? Yes No, why not? _____

16. Do you agree to keep your Greyhound on a leash or in a fenced-in area at all times and never on a "tie out" stake, tree, cable run, etc? Yes No

NOTE: Invisible fences are unacceptable, due to the greyhound's speed and other factors.

17. Do you agree to return your Greyhound to us if you are unable to keep it? Yes No
However this is not an escape clause for the adopter to use in the event of medical issues or old age of the dog.

When you adopt a greyhound (it is a legal contract), it should be considered the same as adopting a child (for life, through good and bad times). Remember this is not a trivial matter. It is a contract for life so please discuss and fully consider this step carefully with all members of the household. Do you agree with this statement? Yes No.

If you need to return a dog, Greyhound Rescue of New York, Inc. requires a signed release to obtain historical medical records from your veterinarian(s) prior to accepting any dog.

Greyhound Rescue of New York Inc. reserves the right to review all provided and related information including financial, based upon each unique request to return a dog, for determination of acceptance or denial for return of that dog.

Do you agree with item 17 above in its entirety and will be bound by said conditions
 Yes No.

18. Are you willing to keep the dog up to date on all shots, screen for heartworm, use heartworm preventative and flea & tick preventative (such as Frontline Plus). Flea and tick collars are unacceptable due to chemicals used and absorption thru the skin? Yes No.

19. Are you willing to license the dog and keep it properly identified (Your ID, Greyhound Rescue, Rabies and License tags) at all times? Yes No.

20. Are you willing to allow us to visit your home as part of this pre-adoption process? Yes No

21. Are you willing to provide us with follow-up reports? ___ Yes ___ No

22. Are you willing to volunteer your time to Greyhound Rescue of New York, Inc? ___ Yes ___ No

If yes, are you willing to: ___ Help at awareness clinics ___ Other, please describe: _____

Please list any special skills or talents: _____

23. Please use the space below to list 3 references (2 if you have a current veterinarian BUT item 10 above must be filled out). Please include complete name, address and telephone number.

1. _____

2. _____

3. _____

I understand that a NON-REFUNDABLE TAX-DEDUCTIBLE \$200.00 DONATION
WILL BE REQUIRED AT THE TIME OF ADOPTION.

By signing this application, I(we) authorize the Veterinarian listed on this application to
release information to a representative of Greyhound Rescue of New York, Inc.

Date

Applicant's Signature

Date

Applicant's Signature

NOTE: Two signatures are required when there are two adults in the household.

PLEASE FAX TO: 1-877-278-2194 OR MAIL APPLICATION TO:

Greyhound Rescue of New York, Inc.

P. O. Box 1527

Clifton Park, NY 12065

www.greyhoundrescueofny.com