



Greyhound Pets of America

Northern Virginia

ADOPTION APPLICATION

Note: If there is more than one adult in the household, each person must complete the top portion.

Date of Application: _____

Applicant Name: _____

Home Address: _____

Home Phone: _____

Applicant Age: Under 20 __ 20-25 __ 25-30 __ 30-40 __ 40-50 __ 50-60 __ 60-70 __ Over 70 __

Occupation: _____

Employer: _____

Work Address: _____

Work Phone: _____

Applicant E-Mail: _____

Co-Applicant Name: _____

Home Address: _____

Home Phone: _____

Co-Applicant Age: Under 20 __ 20-25 __ 25-30 __ 30-40 __ 40-50 __ 50-60 __ 60-70 __ Over 70 __

Occupation: _____

Employer: _____

Work Address: _____

Work Phone: _____

Co-Applicant E-Mail: _____

1. How did you hear about GPA? _____

2. Have you applied to or are you working with any other greyhound adoption groups?
If so, which group(s) and when did you apply? _____

3. Why do you want to adopt a retired racing greyhound? _____

4. The dog I would prefer would be:

Age: _____ Sex: _____

Color: _____ Would you accept a substitute? _____

5. Occasionally an older greyhound or a greyhound with special needs is available.

Would you consider adopting such a dog? _____

6. Please list the type, age, sex, size and breed of any other pets that will be living in the home with the greyhound _____

7. What pets have you had in the past? _____

8. Why are they no longer with you? _____

9. Adopting a greyhound is a life-long commitment. In rare cases, there may be reasons for giving up a dog. What do you consider valid reasons for giving up a pet? Please check all that apply:

Biting _____ Chewing _____ Destructiveness _____ Digging _____ Fleas _____

Moving _____ House Remodeling _____ Expense _____ Having a baby _____

GPA-NoVA

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Too rough with children _____ Housebreaking issues _____ Other (explain) _____

10. How many children are in your home? _____ Their ages? _____

11. How many adults are in your household? _____ Their work hours? _____

12. Are all members of the household in total agreement with this adoption? If not, please explain _____

13. Who will be the primary caregiver for your greyhound? _____

14. On a scale from 1 to 5, 1 being calm and 5 being very active, please rate the activity level of your household: 1 2 3 4 5

15. What type of home do you have? _____

16. Do you own your home or do you rent? _____

17. Do you have a completely fenced-in yard, or is there any part of your yard that is completely fenced in? _____

If yes, please describe the type of fencing, height, and approximate size of the fenced area _____

18. Does your family anticipate any major lifestyle changes in the next year (such as retirement, travel, new baby, moving, new job or schedule change)? _____

19. If you move, what will you do with your Greyhound? _____

20. Are there stairs in or around your home that your Greyhound will have to go up and down? If 'yes,' please describe _____

21. All families will be required to obtain a crate for their new greyhound. Would you agree to purchase, rent or borrow a crate for your Greyhound's safety and protection when you are not home? _____

22. Please describe the importance of keeping a retired racing Greyhound on a lead when outdoors in an unfenced area _____

23. Please describe your feelings about tying or chaining a dog outside _____

24. Please describe the importance of keeping a Greyhound as an indoor dog _____

25. Are you willing and able to take your Greyhound outside to relieve itself four to six times per day? _____ What would be the maximum length of time a greyhound would be left on its own? _____

26. What would be the earliest date that you would wish to accept a Greyhound? _____

27. Please list the best time of day we may contact you to discuss this adoption at length _____

28. Please tell us anything about yourself that you feel might help us in placing a Greyhound in your home _____

29. Are you agreeable to a home visit prior to adoption and a later follow-up-visit? _____

30. Are you willing and able to spend the funds necessary for greyhound ownership over the lifetime of the dog (for food, medical bills, etc.), in order to keep the dog in good health?

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31. Please list your veterinarian's name, address and phone number:

32. Is your veterinarian familiar with the unique characteristics of treating a Greyhound or other sight hound? _____ Please explain _____

Reference 1 Name: _____

Reference 1 Address: _____

Reference 1 Home Phone: _____

Reference 1 Work Phone: _____

Reference 1 E-Mail: _____

Reference 2 Name: _____

Reference 2 Address: _____

Reference 2 Home Phone: _____

Reference 2 Work Phone: _____

Reference 2 E-Mail: _____

Thank you!

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