

## G.A.S. INC ADOPTION APPLICATION

Date:

Name(s):

Street Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Best time to call home:

work:

Cell phone:

E-mail:

Occupation(s):

Employer's Name:

How did you hear about Greyhound Adoption Service, Inc. ?

Why do you want to adopt a dog?

Why do you want to adopt a greyhound in particular?

Are all members of your family in agreement about getting a greyhound?

What role do you see your greyhound playing in your family?







Besides regular life at home would your greyhound be doing any of the following (please indicate which)?



Walk routinely with a family member ?

If yes, who?

GREYHOUND ADOPTION SERVICE, INC  
16 JAK-LEN DRIVE, SALISBURY MA 01952  
978-462-7973

-  Go to your place of business with you?
-  Go to training classes ( obedience, agility, etc.)?
-  Travel with you?
-  Be a playmate for your children?
-  Be a playmate for your other pets?
-  Other (please specify)

Are you prepared to make the commitment to your greyhound for his/her natural life span, which could be 16 years?

Are you aware that the greyhound has never lived in a house before and may need up to three months to adjust to its new surroundings?

Are you familiar with crate training?                      Would you be willing to use a crate during the greyhound's transition to home life?

Have you owned dogs in the past?                      If yes, and they are no longer with you, please explain:

Do you have any other pets now?                      If yes, please list them here.

Are your other pets spayed or neutered?

Number of adults in your home:

Number of children in your home (please list ages):

Are there grandchildren or other children that come to your house frequently?

Who in your house would be primarily responsible for taking care of your greyhound?

Do you travel for business?                      Pleasure?  
Who would be responsible for the greyhound while you are gone?

Does anyone in your home have allergies?

Do you own or rent your home?

If you rent, do you have your landlord's permission to have a greyhound on the premises?

Landlord's Name:

Street Address:

Town/City

State

Zip

Telephone

How many hours a day would the greyhound be left alone?

Where would your greyhound spend his/her time while you are gone?

Do you have a fenced-in yard?  
high?


If yes, what type of fencing and how high?  
If no, are you prepared to take several walks a day so that your greyhound can relieve itself and get adequate exercise?


Are you aware of the fact that a greyhound is a sight hound and will chase anything that is moving - a cat, a squirrel, blowing leaves, or even a plastic bag; therefore **ALWAYS NEEDS TO BE KEPT ON A LEASH WHEN NOT IN A SECURELY FENCED AREA?**







Are you aware that a greyhound **can not** be left outdoors for long periods of time because of its thin skin and intolerance to extremes of weather and that a greyhound **can not** be put on a run or tied in any manner as it can seriously or even fatally injure itself?

Are you aware that the \$250.00 fee at the time of adoption is **NON-REFUNDABLE?**

Do you agree to the following:

 To let a Greyhound Adoption Service, Inc (G.A.S.) representative make a home visit

 To keep a collar bearing identification, including G.A.S.'s ID tag, on the greyhound at all times and further agree to notify G.A.S. if the greyhound becomes lost or stolen

-  To notify G.A.S. if you find that for any reason you are unable to keep the greyhound, and also agree not to place the greyhound in a shelter or to give it to anyone else without the consent of G.A.S.
-  To keep the greyhound solely as a house pet and never attempt to race, breed or sell it into research
-  To answer G.A.S.'s questionnaire regarding how the hound is adapting to life as a pet
-  To always keep your greyhound on a leash unless you are in a securely fenced area
-  To adhere to your city or town's licensing requirements
-  To bring your greyhound to your veterinarian annually for a check up, routine inoculations and to provide heart worm prevention medications

I agree to the above

Please list below two references. The first should be a close friend or relative who could take a message if we are unable to contact you in an emergency situation (i.e. reporting a lost dog being found). The second should be your veterinarian.

Name (emergency contact):

Street Address:

City/Town:

State:

Zip:

Home Tel:

Work Tel:

Name(Veterinarian):

Street Address:

City/Town:

State:

Zip:

Work Tel:

By signing this agreement, I certify that the information contained in this form is correct and true. If the information in this application is found to be false, we retain the right to decline your adoption request and repossess your greyhound if adopted.

Signature

Date