



GREYHOUND ADOPTION APPLICATION
GREYHOUND PETS OF AMERICA, INDIANAPOLIS
317-354-6858

Greyhound ownership is a serious responsibility and commitment. This Application is intended to assist Greyhound Pets of America, Indianapolis (GPA/Indianapolis) in evaluating the willingness and ability of prospective greyhound adopters to meet that responsibility. If you are not willing to put up with some temporary problems, you may want to reconsider whether or not to adopt. You should expect a period of adjustment. Not all greyhounds adjust as quickly as others. For example, some greyhounds may be more difficult to housebreak; others may have a tendency to chew and some may be extremely shy at first. Please do not consider adoption if you will not be able to make a lifetime commitment. The greyhound can be expected to live in excess of 12 years. Please also consider the financial responsibility in adopting a greyhound. This responsibility does not end with the Adoption Fee. While greyhounds tend to be a healthy breed, there are veterinary costs associated with caring for any dog.

ADOPTER INFORMATION

Applicant _____ Co-Applicant _____

Address _____

City, State, Zip _____

Phone # _____ Best time to call _____

Occupation: Applicant _____ Co-Applicant _____

E-mail address _____

Number of children at home _____ their ages _____

We strongly discourage families from adopting if they have children under the age of four (4) years unless special arrangements are made. If you have children under the age of eight (8), you will be required to read the book Childproofing Your Dog by Brian Kilcommons and Sarah Wilson.

Do you live in (circle one) House Mobile Home Apartment Condominium

Do you own or rent? _____

If renting, Landlord's Name _____

Landlord's Phone # _____

Do you have a fenced-in yard? _____ What type and height? _____

If you do not have a fenced-in yard, are you committed to leash walking the greyhound? _____

Your household activity level is (circle one) Quiet Average Lots of Activity

Would you object to a home visit by a GPA/Indianapolis Representative? _____

Does anyone in your home have a history of asthma or allergies? _____

Do you currently have other pets? _____

Please list all pets in your household (type, sex, age and name) _____

Have you previously owned a dog? _____ What type? _____

How long was the dog with you? _____

Why is the dog no longer with you? _____

Where did you hear about Greyhound Pets of America, Indianapolis? _____

Why do you want to adopt an ex-racing greyhound? _____

Are all members of the household in total agreement to adopt a greyhound? _____

Have you read Adopting the Racing Greyhound by Cynthia A. Branigan or comparable book? _____

(If yes, please list other book) _____

How many hours would the greyhound be alone each day? _____

Are you willing to crate the greyhound when it is alone? _____

Do you prefer a Female greyhound? _____ Male greyhound? _____ Don't care _____

REFERENCES

Our first check is with your veterinarian to confirm that other pets are current on annual vaccinations and are receiving heartworm preventative. This Application will be rejected immediately if after consulting with the listed veterinarian that vaccinations and heartworm prevention are not current on other household pets.

Veterinarian Name _____ Phone # _____

Veterinarian Address _____

PLEASE LIST A PERSONAL REFERENCE (NON-RELATIVES):

Name _____ Relationship _____

Phone # _____ How long have you known this person? _____

ADOPTION FEE

Our adoption fee of \$200 covers the cost of spay/neutering, vaccinations, if needed at the time of adoption, teeth cleaning, heartworm test, intestinal parasite test, and a leash and collar. The veterinary services will be performed by veterinarians participating in our adoption program.

ACCEPTANCE

I/We understand that in order to complete the processing of this Application, a Representative of GPA/Indianapolis will schedule a visit to our home to assist us in matching the needs of a greyhound with the needs of our household. By submitting this Application, I/we agree to such a scheduled visit and confirm that all members of the household will attend the home visit. I/We agree that if this Application is approved, it will become part of the GPA/Indianapolis Greyhound Adoption Agreement. I/We also certify that all information provided on this Application is true and correct.

Applicant _____ Date _____

Co-Applicant _____ Date _____

Mail application to: GPA Indianapolis
P.O. Box 42304
Indianapolis IN 46242
317-354-6858

www.GPAindy.org