



Triangle Greyhound Society
 P.O. Box 20788
 Raleigh, NC 27619
 919-212-5678
 www.trianglegreyhound.org

ADOPTION APPLICATION

Just Looking Ready to adopt

Applicant Name _____ Spouse/Significant Other _____ Length of Relationship _____
 Profession _____ Profession _____ Email Address _____
 Address _____
 City _____ State _____ Zip Code _____ Best Time to Call _____
 Home Phone (Include area code) _____ Work Phone (Include area code) _____ Cell Phone (Include area code) _____

May we contact you at work, if necessary? Y N

What is your daily schedule like & how much time can you commit daily to spending with this pet? _____

Please list the names and ages of **all** children in the household:

Name of Child	Age	Degree of exposure to dogs

Does anyone in your home have allergies or any other health condition that will interfere with your providing proper care for this greyhound? Y N : If yes, what type of condition? _____

What experience do you have with dogs? _____

Why have you chosen a greyhound to adopt? _____

Who will be primarily responsible for the care and training of this dog? _____

How much travel does your work entail? _____

Do you understand that your greyhound **MUST** live inside? Y N If your greyhound is alone all day, where do you intend to leave it? (Crated, Loose, Fenced, Other?) _____

Are you financially able to accept immediate & full responsibility of ownership for the remaining life of the greyhound that you have chosen to adopt? Y N

Please note: The approximate monthly cost for proper care of a greyhound is \$75.00 (food, vaccines, dental cleaning, heartworm & flea preventative, and other costs). The average greyhound lifespan can range between 12-15 years.

Do you rent / own ? In what type of dwelling do you presently live?
 Single Family Home Apartment (1BD / 2BD) Condominium
 Mobile Home Other Multi-Family Dwelling Other _____

Landlord data required, if you lease residence (**We must have proof of landlord's approval prior to adoption**)
 Name: _____
 Address: _____ Phone: _____

Do you have a fenced back yard? Y N If yes, what type, size, & area? _____
 If no, are you willing to leash-walk your greyhound 3-4 times daily for necessary functions and exercise? Y N :

Please indicate **all** other dogs and cats in the household:

Pet/Breed	Temperament	Gender	Altered	Age	Primarily Kept	Years Owned	Use Heartworm?	Vaccinated?
		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		In <input type="checkbox"/> Out <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		In <input type="checkbox"/> Out <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		In <input type="checkbox"/> Out <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		In <input type="checkbox"/> Out <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		In <input type="checkbox"/> Out <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>

List all other pets (**be specific**): _____

What became of all the pets that you have owned in the past 10 years (**be specific**) : _____

Mark all reasons you consider valid for relinquishing ownership of a dog? Barking Whining, Crying Chewing
 Housebreaking Problems Destructive Behavior Digging Biting Too Rough with Children Expense
 Moving Other Major Lifestyle Changes (**be specific**) _____

As a reference, please list your veterinarian's name, clinic, and telephone number (if applicable):

Name: _____

Address: _____ Phone: _____

List (3) references, (2) of which are not related to you, a telephone number, and when they can be reached:

Are you, or have you been a volunteer of, or a previous adopter of a greyhound? If so, when:

Have you worked with any other animal welfare organization in the past 6 months to pursue adopting a greyhound or any other pet
 Y N If yes, which group and when? _____

Would you consider adopting a senior (7+years) or a special needs greyhound? Y N Maybe

I certify that all statements I have made in this application are true and correct. I agree to abide by the requirements set forth in the adoption contract. I authorize a TGS volunteer to investigate my answers herein, and I understand that my application is pending the outcome of that investigation.

***ADOPTING A DOG IS A LIFETIME RESPONSIBILITY!**

"My life is likely to last 10-15 years. Any separation from you will be painful for me. Also, please be willing to take care of me as I grow old: you, too, will grow old." -an adopted dog

 Signature

 Date

 Signature

 Date

Do not write below this line

Adoption Counselor	Comments/Observations/ Dog Preferences	Greyhound to be adopted	Proposed pick-up date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____