

# MITTANY GREYHOUNDS ADOPTION APPLICATION

(This form is interactive. Download, fill it out, save it, then send it back as an attachment.)

Please read the "Considerations" listed on the website before applying for a retired racing greyhound. The list will give you an idea of what we expect, so you can make an informed decision whether to apply.

## CONTACT INFORMATION

Application Date \_\_\_\_\_

NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ ALT NUMBER (SPECIFY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER (name/supervisor phone) \_\_\_\_\_

ARE YOU CURRENTLY AN ACTIVE MILITARY MEMBER? YES \_\_\_\_\_ NO \_\_\_\_\_

RESIDENCE: OWN \_\_\_\_\_ RENT \_\_\_\_\_ OTHER \_\_\_\_\_

If renting, provide landlord's name/phone or e-mail address \_\_\_\_\_

If renting, do you have unrelated roommates? If yes, how many? \_\_\_\_\_ No \_\_\_\_\_

## HOUSEHOLD INFO

What is your age range? Under 25 \_\_\_\_\_ 26-50 \_\_\_\_\_ 51-69 \_\_\_\_\_ 70+ \_\_\_\_\_

Ages/relationship of individual(s) in your immediate household \_\_\_\_\_

(Note that we don't recommend greyhounds with children under 8, unless with prior experience.)

Even if you don't have children under 8 in your immediate household, would your grey come into contact with younger children regularly? (grandchildren, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in your household have physical restrictions? (wheelchair, cane, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Will your grey have to navigate steps inside or outside of your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, and inside, are they carpeted or bare? \_\_\_\_\_

If outside, please explain (to the porch or apartment, etc.): \_\_\_\_\_

How many hours a day will your grey be without a human in the house? \_\_\_\_\_

What is the activity level of your house in general? Relatively Quiet \_\_\_\_\_ Active/Noisy \_\_\_\_\_

Do you plan to take your grey with you regularly (walks in the neighborhood, local events, etc.) or is your grey going to be primarily a companion at home? \_\_\_\_\_

Do you prefer: Male \_\_\_\_\_ Female \_\_\_\_\_ No preference \_\_\_\_\_

Is there a particular dog that you are interested in? Dog's Name: \_\_\_\_\_

Do you have a completely fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how high is your fence? \_\_\_\_\_ ft.

Does the fence gate have a latch with a lock? Yes \_\_\_\_\_ No \_\_\_\_\_

What drew you to greyhounds? (Why do you want to adopt one?)

### **YOUR OTHER PETS**

Please list any other pets currently in the house (type, breed, age, and gender).

Are all of your other pets spayed or neutered? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please explain why)

From where did your pets come? (breeder, adoption group, stray, etc.) \_\_\_\_\_

Are you a former adopter of retired racing greyhounds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many and from where did you get it/them? (please list)

Have you ever needed to return an adopted pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why did you return it?

Have you ever been convicted of animal neglect or cruelty? Yes \_\_\_\_\_ No \_\_\_\_\_

### **VETERINARIAN INFO**

Name, address and phone for your current vet and Pet Names they treated:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Pets Names: \_\_\_\_\_

(Note that we need you to contact your vet and give them permission to talk to us when we call them for a reference. This will need to be done BEFORE we approve your application.) DONE\_\_\_\_\_

**REFERENCES (2 REQUIRED)** (please provide the name of at least one neighbor or friend)

Reference 1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Reference 2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

HOW DID YOU LEARN ABOUT NITTANY GREYHOUNDS?

Additional Comments You May Want to Add

I have read, understand, and agree to everything on this application and state that my answers are true and correct. I agree to allow Nittany Greyhound reps to contact all parties listed above for verification of the information provided. I understand that any false statements will result in a denial to adopt.

I agree that if I cannot keep this dog or if something happens to me, I (or a representative of mine) will contact Nittany Greyhounds immediately to arrange the return of the greyhound.

**SIGNATURE(S):**

(Note that this will be the person responsible for this adoption; if two people with different names, please include both names.)

\_\_\_\_\_

(Typing your name on the signature line constitutes your signature for our purposes.)

STAFF USE:

Adoption Date \_\_\_\_\_

Dog \_\_\_\_\_ NG # \_\_\_\_\_