



ADOPTION APPLICATION

Name(s) (Please list all adult members of the household):

Children (Please list the names of all children in the household and their ages):

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ E-Mail: _____

Employer: _____ Business Phone: _____

Cellular Phone: _____ Fax: _____

Type of Residence (Please circle one): House Apartment Townhouse Duplex/Triplex
Other (Please describe): _____

Do you own or rent? _____

If you rent, do you have permission from your landlord to own a dog? _____

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

How did you learn about greyhound adoption and our adoption group? _____

What is your household like? (Please circle one):

Quiet Usually Quiet Easy Going Busy

Do you travel frequently? _____

If yes, will you be taking your greyhound with you? _____

If no, do you have someone who will care of your greyhound while you away? _____

Do you have a fenced in yard? _____

If yes, please give fence height and condition: _____

Do you have other pets? _____

If yes, please list type(s) and age(s) _____

Have you ever turned in a pet to a Humane Society, breeder or adoption group? _____

If yes, please describe the circumstances: _____

How many hours per day will your greyhound spend alone? _____

If more than 8 hours, are you willing to have someone come in to care for your dog while you are out? _____

What greyhound personality traits do you think best suit your household and lifestyle? (Please circle any that apply):

Shy Laid-Back Outgoing Playful Active High Energy
Cat Friendly Small Animal Friendly Child Friendly Quiet

Please list any other preferences such as colour or gender here: _____

What types of activities do you plan to participate in with your greyhound? (Please circle any that apply):

public walks jogging formal lure coursing greyhound events
frequent car travel pet therapy roller-blading or biking

Are you willing to crate-train your greyhound during his/her adjustment period? _____

Are you willing to assume full responsibility for for your greyhound upon adoption? _____

Are you willing to keep your greyhound as an indoor pet? _____

Are you willing to keep your greyhound on a leash at all times unless in a securely fenced area? _____

Are you willing to keep in contact with our adoption group should any questions or problems arise? _____

Remember that no question is a frivolous question as you and your greyhound go through the transition period. Needle-Nose wants to be available to you at all times as a support and resource.

We will always take a dog back no matter what the circumstance. Do you promise to let Needle-Nose know immediately if you cannot keep your greyhound? _____

Would you be interested in volunteering with Needle-Nose?_____

All Needle-Nose greyhounds are adopted out as pets and are not to be used for racing or hunting.

REFERENCES:

Please give two names of people who have known you for at least two years who are not family members and are willing to serve as a reference for the adoption process.

1) Name: _____

Phone: _____ (Please call during day / evening)

2) Name: _____

Phone: _____ (Please call during day / evening)

I (we) certify that all information on this greyhound adoption application is true and correct.

SIGNATURE:

Date: _____

Please note that after your application has been received a representative of Needle-Nose will be in touch to schedule a home visit.

Please mail this completed form to:
Brenda Aston
484 Mountsberg Rd, RR#2
Campbellville, ON L0P 1B0