



## Greyhound Rescue of New York

Name(s):

Address:

City:

State:

Zip:

Phone:

Phone:

E-mail:

E-mail:

**How did you find us?**

**Did you attend a clinic?**

Yes

No

If **yes**, what  
date?

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**In what type of housing do you reside?**

Apt./Condo

Townhouse

Single Family

**Do you own or rent?**

Own

Rent

**If you rent, does your landlord permit dogs?**

Yes

No

I'm not sure

**Can a member of Greyhound Rescue of New York contact your landlord?**

Yes

No

**Landlord's Phone Number:**

**(We need a written approval to contact your landlord).**

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## Greyhound Rescue of New York

**Do you have a fenced in yard?**

Yes      No

If **Yes**, height  
(in feet)

If **No**, are you able to leash walk at least 4 times a day?

Yes      No

If answered **No**, why not?

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**Invisible fences are not acceptable due to the Greyhound's speed and other factors.**

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**Makeup of household:**

Adults:

Children:

Ages

**Does anyone in the household have allergies?**

If **Yes**, what type?

Yes      No

**Which family member will have the majority of the responsibility of caring for the Greyhound?**

**On average how many hours will the Greyhound be left alone per day?**

**How close is your nearest neighbor?**

**Is the  
area:**

City

Suburban

Rural

# Greyhound Rescue of New York



**Will this be your first pet?**

Yes      No

If **No**, what type of pet(s) did you previously own?

Dog(s)      Cat(s)

Other

**What happened to them?**

**What pet(s) do you currently own, if any?**

Dog(s)      Cat(s)      Other

If Dog(s), Breed

Other, please specify.

**If you currently own a dog or cat, is it neutered/spayed?**

Yes      No

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**Who is your veterinarian?**

Address of veterinarian:

Phone number of veterinarian:

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**GRoNY will contact your veterinarian as one of your references.**  
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## Greyhound Rescue of New York

**Why do you want to adopt a Greyhound?**

**What sex do you prefer?**

Male

Female

No preference

**Where will your Greyhound spend most of its time?**

**Are you willing to crate train your Greyhound if necessary?**

Yes

No

**Since Greyhounds bond closely to their owner, will you allow your Greyhound to sleep in your bedroom?**

Yes

No

If **No**, why not?

**Do you agree to keep your Greyhound on a leash or in a fenced-in area at all times and never on a "tie out" stake?**

Yes

No

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**Invisible fences are unacceptable, due to a Greyhound's speed and other factors.**

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**Do you agree to return your Greyhound to us if you are unable to keep it?**

Yes

No

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**This is not an escape clause for the adopter to use in the event of medical issues or old age of the dog.**

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## Greyhound Rescue of New York

**When you adopt a Greyhound (its a legal contract), it should be considered the same as adopting a child (for life, through good and bad times). Remember this is not a trivial matter. It is a contract for life so please discuss and fully consider this step carefully with all members of the household. Do you agree with this statement?**

Yes      No

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**If you need to return a dog, Greyhound Rescue of New York, Inc. requires a signed release to obtain historical medical records from your veterinarian(s) prior to accepting any dog.**

**Greyhound Rescue of New York Inc. reserves the right to review all provided and related information including financial, based upon each unique request to return a dog, for determination of acceptance or denial for return of that dog.**

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**Do you agree with items above in its entirety and will be bound by said conditions?**

Yes      No

**Are you willing to keep the dog up to date on all shots, screen for heart worm, use heart worm preventative and flea & tick preventative (such as Frontline Plus).**

Yes      No

**Are you willing to license your Greyhound and keep it properly identified (ID tag and Greyhound Rescue tag)?**

Yes      No

**Are you willing to allow us to visit your home as part of this pre-adoption process?**

Yes      No

**Are you willing to provide us with follow-up reports?**

Yes      No



## Greyhound Rescue of New York

**Are you willing to volunteer your time to Greyhound Rescue of New York, Inc?**

Yes      No

**If yes, are you willing to:**

Help at awareness clinics

Other

**Please list any special skills or talents.**

**Please use the space below to list 3 references (if you have a current veterinarian, they will be used as a reference. Please include complete name, address and telephone number.**

1.

2.

3.

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## Greyhound Rescue of New York

**I understand that a NON-REFUNDABLE TAX-DEDUCTIBLE \$325.00 DONATION WILL BE REQUIRED AT THE TIME OF ADOPTION.**

By signing this application, I(we) authorize the Veterinarian listed on this application to release information to a representative of Greyhound Rescue of New York, Inc.

Applicants Signature

Date

Applicants Signature

Date

**Two signatures are required when there are two adults in the household.**

Please return application to Greyhound Rescue of New York via

**Fax:** 1-877-278-2194

**Snail mail:** Greyhound Rescue of New York  
P.O. Box 1527  
Clifton Park, NY 12065

**E-mail:** [adoption@greyhoundrescueofny.com](mailto:adoption@greyhoundrescueofny.com)

If you are e-mailing the application, the application will need to be signed at the next awareness clinic. Please provide us in the body of the e-mail permission to contact your veterinarian and references.

Thank you!