



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?

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).



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?

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

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

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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

Who is your veterinarian?

Address of veterinarian:

Phone number of veterinarian:

GRoNY will contact your veterinarian as one of your references.



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

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

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

Yes

No

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



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

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.

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.



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

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!