

FORTHEHOUNDS ADOPTION APPLICATION

Greyhound Or other Sighthound

Date: _____

Adult #1 _____ Adult #2 _____

Age category: 21-25 () 26-35 () 36-45 () 46-55 () 56+ ()

Address: _____

City: _____ County: _____ State: _____

Zip: _____

Home phone: _____ Business phone: _____ Cell phone _____

e-mail address: _____

Best time to call you: Home: _____ Work: _____ Don't Call Work: _____

Your occupation(s): _____

(Please include time in position / Employer)

List names and ages of children living in the home:

Please note If you have young children, you will be encouraged to read the book entitled;
Childproofing Your Dog by Brian Kilcommons if you have young children in your home.

List names and ages & relationship of all other person's living in your
home: _____

How did you hear about FORTHEHOUNDS?

Have you ever met a retired racing greyhound or other sighthound? ___ Yes ___ No

Sighthound you are interested in Adopting _____

Do you agree to keep this dog on Heart Worm preventative year round and to make sure shots and other medical needs are up to date? Yes No

What is your households activity level? Quiet , Moderately Active , Very Active

How many hours per day would your sight hound be home alone?

Where will your sight hound stay when home alone?

Do you currently have any other pets? Yes No; If yes, please specify breed, age, sex and if spayed/neutered.

Do you live in a: Single family home Apartment Condo/Townhouse Mobile home
 Other (please specify)

Do you own or rent? _____ If you rent or lease, do you have permission from your landlord or condo association to have a large dog? Yes No.

If required will you provide written permission from the appropriate party? Yes No

Do you have a fenced yard? Yes No (must have 6 ft fence for Afghan or Saluki)
If yes, please list type, size of yard and fence height at it's LOWEST point.

If you do not have an appropriate fence/yard, are you willing and able to take your greyhound outside on a leash several times a day to relieve itself? Yes No

Who will be the primary caregiver for your sight hound? _____

Do you currently have a veterinarian? Yes No. If yes, please list your vet's name, address and phone number. _____

Does your family anticipate any major lifestyle changes in the next year (such as retirement, travel, new baby, moving, new job or schedule change)? ___Yes ___No (if yes explain below)

What do you consider valid reasons for giving up a pet? (Please check all that apply)
___ Barking ___ Biting ___ Chewing ___ Destructiveness ___ Digging ___ Fleas ___ Moving
___ House remodeling ___ Expense ___ Having a baby ___ Too rough with children
___ Unable to housebreak ___ Other, please explain:

Are all members of the household in total agreement with this adoption? ___ Yes ___ No
If not, please explain.

Please provide a personal reference (name / address / phone)

Reference :

Occasionally, an older sight hound or a sight hound with special needs is available. Would you consider adopting such a dog? ___ Yes ___ No

Do you understand that this sight hound may not be house trained, and are you willing to take the time and energy necessary to train this sight hound? ___Yes ___No

May we conduct an in home interview? ___Yes ___No

Signature

Date

For The Hounds ---105 Blue Ridge Dr---Clemson, SC 29631

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