

# THE GREYHOUND GANG OF FLORIDA, INC.



## Adoption Application for \_\_\_\_\_

Applicants' Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you own or rent this residence? \_\_\_\_\_ For how long have you lived at this address? \_\_\_\_\_

If renting, do you have your landlord's permission to have a large breed dog? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Will this dog be kept as an inside pet? \_\_\_\_\_ Are there stairs in your home? \_\_\_\_\_

Do you have a fenced-in yard? \_\_\_\_\_ Fence Height & Type: \_\_\_\_\_ Do you have a pool? \_\_\_\_\_

Number of children in the home: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Is there anyone in the home with special needs? (walker, wheelchair, etc.) \_\_\_\_\_

How many hours a day will your greyhound be alone? \_\_\_\_\_

Please list all current dogs:

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Is this an indoor or outdoor dog? \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Is this dog currently on heartworm preventative? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Is this an indoor or outdoor dog? \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Is this dog currently on heartworm preventative? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Is this an indoor or outdoor dog? \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Is this dog currently on heartworm preventative? \_\_\_\_\_

Please list any additional dogs: \_\_\_\_\_

Name of Vet/ Animal Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please Complete Both Sides of This Application**

Please list all current cats:

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Is this an indoor or outdoor cat? \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Is this an indoor or outdoor cat? \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Is this an indoor or outdoor cat? \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Is this an indoor or outdoor pet? \_\_\_\_\_ Date of last vaccinations: \_\_\_\_\_

Please list any additional cats: \_\_\_\_\_

Name of Vet/ Animal Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any other current pets: \_\_\_\_\_

If you do not currently have a dog, have you had one in the past? \_\_\_\_\_

Prior dog's name(s)/breed(s): \_\_\_\_\_

Name of Vet/ Animal Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you agree to keep your greyhound on a leash at all times when not in a fenced area? \_\_\_\_\_

Preferred Gender: \_\_\_\_\_

How did you hear about our group? \_\_\_\_\_

Would you be interested in volunteering for events or becoming a foster home for other greyhounds? \_\_\_\_\_

I hereby certify that all of the information provided on this application is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this application to a representative of The Greyhound Gang of Florida or mail it to P.O. Box 63, Brandon, Florida 33509. Once we receive your completed application we will verify the information provided and contact you to set up a home visit. This process usually takes 2-3 weeks.