



GREYHOUND ADOPTION APPLICATION

ALL-STAR GREYHOUNDS

765-563-0089 (phone/fax)

Greyhound ownership is a serious responsibility and commitment. This Application is intended to assist All-Star Greyhounds in evaluating the willingness and ability of prospective greyhound adopters to meet that responsibility. If, after reviewing all information provided by our website, brochure and the required reading, you feel a retired racing greyhound can become a welcome and loving member of your family and you/your family are prepared to make a commitment for the lifetime of a greyhound, please complete and submit the following Application.

Name: _____ & _____

Address: _____

Home Phone: _____ Best time to call: _____

May we contact you at your place of employment? Yes No If so, work phone: _____

Occupation: _____ & _____

E-mail address: _____

Children at home (names & ages)*: _____

**If you have children, please read Childproofing your Dog by Brian Kilcommons and Sarah Wilson. We may discourage families from adopting if they have children under 4 years of age unless special arrangements are made.*

Do you live (circle): House Mobile Home Apartment Condo Duplex Do you (circle): Own Rent

If renting, Landlord's name: _____ Phone: _____

Do you have a fenced yard? Yes No What type and height? _____

If you do not have a fence, would you be willing to install a fence or dog run? Yes No

Do you have a swimming pool? Yes No What type? In-ground Above-ground Fenced off from pets

The activity level of your household is (circle one): Quiet Average Active Very Active

Would you object to a home visit by an All-Star Greyhounds Representative? Yes No

Does anyone in your home have special needs, asthma or allergies? Yes No

Please explain: _____

Have you ever had a dog? Yes No Do you currently have pets? Yes No

Please list type, name, age and gender of pets: _____

If gone, why are the pets no longer with you? _____

Have you ever given a pet to an Animal Shelter or Rescue Group? Yes No

Why do you want to adopt a greyhound? _____

Where did you hear about All-Star Greyhounds? _____

Have you contacted or applied to any other greyhound adoption organizations? Yes No

Are all members of the household in total agreement to adopt a greyhound? Yes No

Who will be the primary caregiver for your greyhound? _____

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

Please explain: _____

How many hours would the greyhound be alone each day? _____

Are you willing to crate when alone? Yes No Do you own a large/jumbo wire crate? Yes No

Where would the greyhound stay when you are not at home? _____

Where would the greyhound sleep at night? _____

What book(s) have you read?

___ *Adopting the Racing Greyhound* by Cynthia Branigan ___ *Retired Racing Greyhounds for Dummies* by Lee Livingood

___ *Guide to Adopting an Ex-Racing Greyhound* by Carolyn Raeke Other _____

Are you willing to provide the funds for premium food and medical care?* Yes No

**The Greyhound does tend to be a healthy breed and a greyhound can live to be 10 years or older. Please consider the expenses associated with veterinary services and maintenance that is associated with caring for any pet.*

Would you consider adopting a Senior or Special Needs greyhound? Yes No

Gender preference (circle one): Male Female Doesn't matter

REFERENCES

Our first check is with your veterinarian to confirm that other pets are current on vaccinations and are receiving heartworm prevention. This Application may be rejected immediately if after consulting with the veterinarian listed below, vaccinations and heartworm prevention are not current on other household pets.

Veterinarian name: _____ Phone: _____

Address: _____

PLEASE LIST 2 PERSONAL REFERENCES (non-relatives):

Name	Relationship	Phone #	Known how long?
_____	_____	_____	_____
_____	_____	_____	_____

ADOPTION FEE

Our adoption fee of \$200 goes toward the expense of food, supplies and veterinary care for our greyhounds in foster care, including, but not limited to: spay/neuter, dental cleaning, heartworm test, worming and vaccination update, if needed. Veterinary services will be performed by veterinarians participating in our adoption program. All adopted greyhounds will receive a leash, collar, muzzle and Adoption Manual.

ACCEPTANCE

I/We understand that in order to complete the processing of this Application, a Representative of All-Star Greyhounds will schedule a visit to our home to assist us in matching the needs of a greyhound with the needs of our household. By submitting this Application, I/We agree to such a scheduled visit and confirm that all members of the household will attend the home visit. I/We agree that if this Application is approved, it will become part of the All-Star Greyhounds Adoption Agreement. I/We also certify that all information provided in this Application is true and correct.

_____ Date: _____

_____ Date: _____

Please mail to the Representative nearest you:

FORT WAYNE: Michele Scott, 2810 White Oak Avenue, Fort Wayne, IN 46805

GOSHEN: Dee Cramer, 606 Colorado Street, Goshen, IN 46526

LAFAYETTE: Sue Swinford, P.O. Box 105, Brookston, IN 47923

SOUTH BEND: Maggie Neenan, 3611 Rexford Drive, South Bend, IN 46615