

HOMeward BOUND GREYHOUNDS ADOPTION APPLICATION

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____

Where Did You Learn About Us? _____

1. Why Do You Want A Greyhound as a Pet? _____

2. Do You Have a Preference Regarding Age, Sex, or Color? _____

3. What Other Pets Do You Have? _____

How Long Have You Had Them? _____

4. Have You Ever Had Other Pets? _____

If Yes, How Long Were They With You? _____

Reason Why You Do Not Have Them Anymore? _____

5. Number of Adults in Your Home: _____

Number of Children: _____

Children's Age and Sex: _____

6. Do You Have a Fenced in Yard? _____ Fence Height _____

If Not is There a Fenced in Area Nearby Where You Can Regularly Exercise Your Greyhound?

Describe That Area and Its Size: _____

7. Did You Know That Greyhounds Have to Live Indoors and Are You Willing to Share Your Home

With Your New Pet? _____

8. Do You Object to Giving HBG Access to Your Grey's Medical Records? _____

If Yes Explain Why: _____

9. Approximately How Many Hours a Day Will Your Greyhound be Home Alone? _____

10. Do You Live in a House? _____ Apartment? _____ Mobile Home? _____

Condo? _____ How Long Have You Lived There? _____

11. If You Rent or Lease, Do You Have Permission From Your Landlord to Have a Dog? _____

Name and Phone Number of Your Landlord: _____

12. Please Give Three References. Provide Name, Address, Phone Number, Occupation, and Relationship.

One Reference Must Be a Veterinarian and Please Provide Fax Number of Veterinarian to Be Used For

Your Adopted Greyhound.

1. _____

2. _____

3. _____

13. Please Provide Hours a Volunteer Would Be Able to Visit Your Home: _____

The Information Given Above is True and Correct

Signature

Print Name

FL Drivers License #

Date

ADOPTION APPLICATION IS SUBJECT TO APPROVAL BY:

HOMeward BOUND GREYHOUNDS, INC.

6017 Pine Ridge Road #261

Naples, Florida 34119-3956

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