



**GREYHOUND ADOPTION APPLICATION**  
**GREYHOUND PETS OF AMERICA, INDIANAPOLIS**  
317-354-6858

Greyhound ownership is a serious responsibility and commitment. This Application is intended to assist Greyhound Pets of America, Indianapolis (GPA/Indianapolis) in evaluating the willingness and ability of prospective greyhound adopters to meet that responsibility. If you are not willing to put up with some temporary problems, you may want to reconsider whether or not to adopt. You should expect a period of adjustment. Not all greyhounds adjust as quickly as others. For example, some greyhounds may be more difficult to housebreak; others may have a tendency to chew and some may be extremely shy at first. Please do not consider adoption if you will not be able to make a lifetime commitment. The greyhound can be expected to live in excess of 12 years. Please also consider the financial responsibility in adopting a greyhound. This responsibility does not end with the Adoption Fee. While greyhounds tend to be a healthy breed, there are veterinary costs associated with caring for any dog.

**ADOPTER INFORMATION**

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Best time to call \_\_\_\_\_

Occupation: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

E-mail address \_\_\_\_\_

Number of children at home \_\_\_\_\_ their ages \_\_\_\_\_

We strongly discourage families from adopting if they have children under the age of four (4) years unless special arrangements are made. If you have children under the age of eight (8), you will be encouraged to read the book *Childproofing Your Dog* by Brian Kilcommons and Sarah Wilson.

Do you live in (circle one)    House            Mobile Home            Apartment            Condominium

Do you own or rent? \_\_\_\_\_

If renting, Landlord's Name \_\_\_\_\_

Landlord's Phone # \_\_\_\_\_

Do you have a fenced-in yard? \_\_\_\_\_ What type and height? \_\_\_\_\_

If you do not have a fenced-in yard, are you committed to leash walking the greyhound? \_\_\_\_\_

Your household activity level is (circle one)            Quiet            Average            Lots of Activity

Would you object to a home visit by a GPA/Indianapolis Representative? \_\_\_\_\_

Does anyone in your home have a history of asthma or allergies? \_\_\_\_\_

Do you currently have other pets? \_\_\_\_\_

Please list all pets in your household (type, sex, age and name) \_\_\_\_\_

Have you previously owned a dog? \_\_\_\_\_ What type? \_\_\_\_\_

How long was the dog with you? \_\_\_\_\_

Why is the dog no longer with you? \_\_\_\_\_

Where did you hear about Greyhound Pets of America, Indianapolis? \_\_\_\_\_

Why do you want to adopt an ex-racing greyhound? \_\_\_\_\_

Are all members of the household in total agreement to adopt a greyhound? \_\_\_\_\_

Have you read Adopting the Racing Greyhound by Cynthia A. Branigan or comparable book? \_\_\_\_\_

(If yes, please list other book) \_\_\_\_\_

How many hours would the greyhound be alone each day? \_\_\_\_\_

Are you willing to crate the greyhound when it is alone? \_\_\_\_\_

Do you prefer a Female greyhound? \_\_\_\_\_ Male greyhound? \_\_\_\_\_ Don't care \_\_\_\_\_

### **REFERENCES**

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

Veterinarian Name \_\_\_\_\_ Phone # \_\_\_\_\_

Veterinarian Address \_\_\_\_\_

### **PLEASE LIST A PERSONAL REFERENCE (NON-RELATIVES):**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

### **ADOPTION FEE**

Our adoption fee of \$225 covers the cost of spay/neutering, vaccinations, if needed at the time of adoption, teeth cleaning, heartworm test, intestinal parasite test, and a leash and collar. The veterinary services will be performed by veterinarians participating in our adoption program.

### **ACCEPTANCE**

I/We understand that in order to complete the processing of this Application, a Representative of GPA/Indianapolis 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 GPA/Indianapolis Greyhound Adoption Agreement. I/We also certify that all information provided on this Application is true and correct.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

Mail application to: GPA Indianapolis  
P.O. Box 42304  
Indianapolis IN 46242  
317-354-6858

www.GPAindy.org