

# 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)

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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:

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

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

Reference :

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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

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Signature

Date

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

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