

ADOPTION APPLICATION

Or complete the application online
at www.rdrp-greyhound.org



Your Contact Information		
	Applicant	Co-Applicant
Name		
Address		
City		
State		
Zip		
Phone		
Email		
Occupation		
Employer		
Work Address		
Work City		
Approx Age (ex 40-50)		

Other Information

How did you hear about our program?

Why do you want to adopt a Greyhound?

Do you have a gender preference?

YES

NO

Doesn't Matter

Is the age of the Greyhound a factor?

YES

NO

Doesn't Matter

What other pets do you have now, and would you describe them?

Are your other pets spayed and/or neutered?

YES

NO

What pets have you owned in the past?

of Adults in the household? _____

Hours at work: _____

of children in the household? _____

Please list their ages: _____

If you have children visiting your home, include their ages and how long they visit: _____

Does anyone in the household have allergies to animals?

Dwelling type (House, Condo/Apartment, Townhouse,) _____

Do you own your own home? YES NO

If not, please provide landlord's name and number:

Are there pet restrictions in your community?

Please list restrictions & provide association's phone number:

Do you have:

Stairs? Yes No

Pool? Yes No

A fenced yard... and if so, what type and how high?

Do you intend to keep your Greyhound in the house?

Yes No

Is it important to keep your dog(s) leashed in an unfenced area?

Yes No

I agree to the following:

Agree to take the dog outside 3-4 times per day to relieve itself?

Yes

No

Keep a collar bearing ID on the dog AT ALL TIMES?

Yes

No

Notify us if you find you can no longer keep the dog?

Yes

No

Not give the dog to ANYONE without our consent?

Yes

No

Provide year-round heartworm preventative?

Yes

No

Provide vaccinations, as required by local government?

Yes

No

Please provide contact info of a Veterinarian who knows you:

Vet's Name: _____

Vet's Address: _____

Vet's Phone: _____

Applicant's Signature: _____

Co-Applicant's Signature: _____

Date: _____

THANK YOU FOR CONSIDERING ADOPTING A GREYHOUND FROM RDRP!

An Adoption Counselor will be following up with you.

Mail complete Adoption Application to:

Racing Dog Rescue Project

PO Box 18153

Sarasota, FL 34276

941/ 379-3278

www.rdrp-greyhound.org

