



GREYHOUND ADOPTION APPLICATION

GREYHOUND PETS OF AMERICA

CENTRAL FLORIDA INC.

3525 Manassas Ave, Melbourne, FL, 32934, 321-242-9010

Name: _____ Home Phone: (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____ Cell Phone: (____) _____

Address: _____ Best time to call _____ Home _____ Work _____

City: _____ State: _____ Zip: _____ - _____

E-MAIL ADDRESS _____

Occupation: (Mr.) _____ (Ms.) _____

Age Applicant: Under 25() 25-35() 35-45() 45-55() Over 55()

1. How did you hear about the greyhound adoption program? _____

2. Do you have preference regarding: Sex: _____ Age: _____

3. Do you have a Dog now? (Breed/Sex/Age) _____

Other Pet(s) _____

4. What Pets have you had in the past and what happened to them? _____

5. How many people in your household? # Adults _____ # Children (ages) _____

Hours away from home per day: (Mr.) _____ (Ms.) _____

6. Dwelling Type: _____ Own () Rent/Lease ()

If you rent/lease, do you have permission from landlord to have a dog over 50 pounds? Yes () No ()

7. Do you have a fenced yard? Yes () No () Type fence _____ Height _____

Approximate size of fenced area _____ Is it securely fenced? _____

If no fence, would you consider fencing all or part of your yard as a condition of Adoption? Yes () No ()

8. Are there stairs the Greyhound will have to use? _____ How many _____

9. Would you be willing to have a GPA Representative visit your home? _____

10. Veterinarian's Name: _____ Phone: _____

Address: _____ City _____

11. GPA Representative: _____ Date Received: _____

ADOPTION AGREEMENT

- 1. I AGREE TO KEEP MY GREYHOUND ON A LEASH WHENEVER IT IS OUTDOORS, UNLESS IT IS IN A FENCED IN AREA.**
- 2. I Agree to have my greyhound wear the stainless steel identification tag on an approved collar at all times. If the tag is lost, I agree to notify GPA immediately to get another tag.**
- 3. I agree to notify GPA immediately if my greyhound is lost, stolen or deceased. Animal Control and local shelters should also be notified on lost greyhounds.**
- 4. If at any time I desire to relinquish custody of my greyhound, I agree to return the greyhound to GPA Central Florida Chapter.**
- 5. I will not use or allow my greyhound to be used for any experimental or medical purpose whatsoever.**
- 6. I agree to put my greyhound in a loaner crate provided by GPA (or the crate that I purchased) during the times that there are no people in my house or apartment for at least the first week. I understand that this is for the purpose of safety of the greyhound and my home.**
- 7. I agree to keep my greyhound inside my air-conditioned house / apartment. (Excluding garages and porches). I understand that I must allow my greyhound to relieve itself, outside, at least 4 to 5 times a day. I agree to never tie or chain my greyhound outside.**
- 8. I agree to use the heartworm treatments provided with my greyhound and will continue this monthly treatment thorough its' life. I agree to provide humane care, maintain vaccinations required by law and insure that dental hygiene is maintained.**
- 9. I will not attempt to hold GPA or its staff responsible for any illness of my greyhound or for any damages and / or injury which my greyhound may cause in the future to any person or property. I will accept any future liability with respect to my greyhound and will indemnify and hold harmless GPA for any damages or injuries.**

GPA IS A NON PROFIT ORGANIZATION STAFFED BY VOLUNTEERS AND ANY DONATIONS INCLUDING ADOPTION FEES ARE FULLY TAX DEDUCTABLE AND ARE NON-REFUNDABLE. THIS APPLICATION WILL BECOME PART OF GPA RECORDS.

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND CORRECT. I HAVE READ AND AGREE TO ABIDE BY THE REQUIREMENTS SET FORTH. I AGREE TO RELIQUISH MY GREYHOUND TO GPA IF I VIOLATE THESE AGREEMENTS. IF I QUALIFY AND RECEIVE A GREYHOUND FROM GPA, I WILL ACCEPT FULL RESPONSIBILITY FOR THAT GREYHOUND.

Signature: _____ Date: _____

Signature: _____ Date: _____

GPA Witness: _____ Date Received _____