

Austin Greyhound Adoption & Foster Application

Personal Information		
Primary Adopter		
Address		
City	State	Zip
Home Phone	Mobile Phone	Work Phone
Email address		
Employer	Occupation	

Co-Adopter		
Address		
City/State/Zip		
Home Phone	Mobile Phone	Work Phone
Email address		
Employer	Occupation	

Household Information	
Number of adults in your home	Number of children living in your home
Names and ages of children living in home	
Names and ages of other children who regularly visit (grandchildren, etc.)	
Is anyone in your family allergic to dogs or cats?	
What is the activity level of your household?	
<input type="checkbox"/> Quiet <input type="checkbox"/> Moderately active <input type="checkbox"/> Active <input type="checkbox"/> Very active	

Residence Information		
Describe the area where you live		
<input type="checkbox"/> City <input type="checkbox"/> Suburbs <input type="checkbox"/> Rural Area		
Describe your residence		
<input type="checkbox"/> Single family home <input type="checkbox"/> Duplex <input type="checkbox"/> Condo/Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other _____		
Do you	If you rent or lease, is there a size/weight restriction?	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease	Do you have permission from your landlord to have a dog?	
Landlord's Name	Landlord's phone number	
Do you have a completely fenced yard?	Fence type:	Fence height:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If your yard is not fenced, what sort of exercise will your greyhound receive?		
If you have a swimming pool, can you restrict access to the pool? (Greyhounds may not be able to swim and can easily drown in pools)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Current and Past Pets and Pet Care

What other pets do you have? (Please use reverse side if necessary)

Name	Type/Breed	Age	Gender	Spayed/ Neutered	Vaccinations Current?	On Monthly Heartworm Preventative?

Where do your pets spend their days? Nights?

Veterinarian's name	Veterinarian's phone number
Veterinarian's address	

Please tell us about your previous pets and what became of them. (Please use reverse side if necessary)

Greyhound Preferences

What are your preferences for the greyhound you will adopt?

Gender	Color	Age
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Occasionally an older greyhound or one with special needs is available. Would you consider adopting such a dog?

Interest in Greyhounds and Adoption Readiness

How did you hear about our organization?

Why do you want to adopt a greyhound?

How long have you considered adopting a greyhound?

Who will be the primary caregiver for your greyhound?

What is the longest period of time your greyhound would be at home alone?

Where will your greyhound spend its days? Nights?

Do all adult household members agree to the adoption of a greyhound?

What do you consider valid reasons for giving up your greyhound?

<input type="checkbox"/> Moving	<input type="checkbox"/> Having a baby	<input type="checkbox"/> Too rough with children	<input type="checkbox"/> Too expensive	<input type="checkbox"/> Problems with housetraining
<input type="checkbox"/> Destructiveness	<input type="checkbox"/> Digging	<input type="checkbox"/> Separation anxiety	<input type="checkbox"/> Fleas/ticks	<input type="checkbox"/> Separation Anxiety
<input type="checkbox"/> Biting	Other (please specify):			

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Authorization and Signatures

I authorize my veterinarian to release information regarding my pet(s) to Austin Greyhound Adoption.

I certify that the information supplied in this application is true and correct. If any information in this application is found to be false, Austin Greyhound Adoption reserves the right to decline this application.

Signature	Date
Signature	Date

Please return this application to Austin Greyhound Adoption via fax at 512-895-9150, or mail it to:

Austin Greyhound Adoption
PO Box 336
Cedar Park, TX 78630-0336