



Everything Grey Greyhound Haven

Nederland Texas, 77627

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ADOPTION APPLICATION

It is the policy of Everything Grey Greyhound Haven to assure that each person who adopts a greyhound not only be aware of that responsibility, but that each person will be capable of and willing to accept that responsibility morally, physically and financially. It is quite true that not every person who desires to own a dog, should own a greyhound. The more information we obtain about your home and lifestyle, the better we can evaluate your needs and match a greyhound to suit your environment.

Applicant's Name:		Date:	
Co-Applicant's Name:			
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			
Occupation (Applicant):		Work Phone:	Age:
Occupation (Co-Applicant):		Work Phone:	Age:
What is the best time of day to reach you by telephone?			
If you have adopted dogs from EGGH before, please list their names and adoption numbers:			

GENERAL

1. How did you learn about us?
2. Why do you want a greyhound as a pet?
3. Have you ever applied to another greyhound adoption group? Please explain the outcome:

HOUSEHOLD/FAMILY INFORMATION

4. Number of adults in your household, and ages:
5. Number of children in your household, and ages:
6. Greyhounds are not physically built for rough and tumble handling and do better with quiet, well-mannered children.

As a rule, children should never be left unattended with any dog.

Are your children quiet and considerate with animals? Yes No

Are you willing to teach your children not to disturb a dog while it is eating drinking or sleeping? Yes No

Are you willing to teach your children not to trap a dog when it is trying to walk away? Yes No

Are you willing to teach your children not to bother a dog that has retreated to a 'safe haven', such as a crate, dog bed or alternate room? Yes No

Are you willing to carefully supervise all interaction between children and your greyhound? Yes No

Are you willing to keep the greyhound muzzled around small children and animals for at least the first week Yes No

7. Does anyone in your household have special needs or physical disabilities? If so, please describe:

8. Is anyone in your household allergic to dogs? Yes No

9. Is anyone in your household opposed to adopting a greyhound? Yes No

10. Is your house quiet or busy?

11. What type of greyhound personality/temperament do you think would best fit your household and lifestyle?

12. What is your preference regarding:	Age?	Sex?	Color?
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13. Approximately how many hours per day will your greyhound be alone?

14. Will your greyhound be exposed to children and/or pets outside of your household (i.e., at a relative's or friend's house, or visitors in your home)? Please list:

PETS

15. List all pets, along with their sex and age that are currently in your household:

16. Are your current pets spayed/neutered? Yes No

17. Where do your pets sleep?

18. Are your current pets current on their vaccinations? Yes No

19. Are your current dogs on Heartworm preventative? Yes No

20. Please list previous pets you have owned, the number of years in your household and reason you no longer have them:

21. Have you ever adopted an animal from another organization? Yes No
If yes, where is that animal now?

22. Did you ever return a pet to another adoption program, humane society or pound? Yes No
If yes, please give reason:

23. How are your pets contained while you are away or you are at work?

HOME ENVIRONMENT

24. Which best describes the area in which you live? City Suburb Country

25. Which best describes your home? Single House Condo Apartment/Multi-family building Other

26. If you rent or live in a multi-family building do you have permission to have a dog on the property? Yes No

Landlord's Name:	Phone #:
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27. Is your yard completely fenced in? Yes No

THE TAX DEDUCTIBLE ADOPTION FEE/DONATION OF \$225.00 IS NON-REFUNDABLE.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Everything Grey Greyhound Haven

REFERENCE INFORMATION

NAME:

Current Veterinarian:

Dr's. Name:

Address:

City:

State:

Zip:

Phone Number:

PLEASE NOTIFY YOUR VETERINARIAN THAT WE WILL BE CALLING!

Please list at least two (2) references that have known you and your family for more than two (2) years. If you do not have a veterinarian at this time, please give us three (3) references. **At least one of your references should be a neighbor. REFERENCES CANNOT BE FAMILY MEMBERS!** Please be sure to give us valid phone numbers for your reference contacts. Failure to do this will delay the process

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Best Time to Call:		

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Best Time to Call:		

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Best Time to Call:		