



FIRST STATE GREYHOUND RESCUE, INC. ADOPTION APPLICATION

It is important to provide truthful answers to all questions if you are serious about adopting an ex-racing greyhound from this organization.

All questions must be answered in full. All contact information for references *must* be provided.

*****PREVIOUS ADOPTERS: Please scroll down and complete ONLY the "PREVIOUS FSGR ADOPTERS APPLICATION"*****

APPLICANT:

Name _____
Address _____
City _____ State _____ Zip _____
County _____ Township _____
Home Phone _____ Work Phone _____ Mobile _____
Email _____ Age of Applicant _____ Occupation _____
Age of Co-Applicant _____ Occupation of Co-Applicant _____

VETERINARIAN INFORMATION:

1. Do you have a current Vet? Yes No
2. Are your pet's records and immunization updated on a consistent basis? Yes No
3. Current Veterinarian's Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
4. How long has this been your current Veterinarian? _____
5. Is this Veterinarian familiar with Greyhounds? Yes No
6. Previous Veterinarian's Name (if applicable) _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
7. How long were you with previous vet (if applicable)? _____

With my signature below, I, _____, hereby authorize my current and former veterinarian to release necessary records and information to FSGR for reference checking purposes.

Signed: _____ Date _____

REFERENCES: No reference may be used twice. Please provide all contact information. If your existing and former pets have not been seen by a veterinarian on an annual basis, have not consistently received yearly vaccinations (excluding those with special medical issues), and have NOT had heartworm preventative on a consistent basis, do NOT apply to adopt a Greyhound.

1. Neighbor #1 Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Best Time to Call _____ Email _____
How long have you known Neighbor #1? _____

2. Neighbor #2 Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Best Time to Call _____ Email _____
How long have you known Neighbor #2? _____

3. Personal Friend #1 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Best Time to Call _____ Email _____
 How long have you known Friend #1? _____

4. Personal Friend #2 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Best Time to Call _____ Email _____
 How long have you known Friend #2? _____

5. Relative Name (over 25 yrs old) _____ Relationship _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Best Time to Call _____ Email _____

GENERAL INFORMATION:

1. Are all family members in complete agreement about adopting a Greyhound? Yes No Not Sure
2. Type of Residence: Apartment Condo Townhouse Mobile Home Single Family Farm/Ranch
3. Do you own or rent residence? Own Rent
 - a. If you rent, does the landlord allow dogs over 50lbs? Yes No **If you rent, please include a copy of the rental agreement or a letter from the landlord stating that large dogs are permitted. Return the letter with this application.**
4. Does your municipality restrict the number of dogs per household? Yes No If YES, how many? _____
 Do you have a fenced in yard? Yes No If YES, **(This adoption program does NOT recognize electronic/invisible fencing for Greyhound containment in any case or scenario):**
 - a. What is the height of the fence? _____
 - b. What is the dimension of yard area enclosed by the fence? _____
 - c. What type of fence? _____
 - d. Is the fence in good repair? Yes No
 - e. Do the gates open in or out from the containment area? In Out (A self-closing gate is recommended)
 - f. Is the fenced in area heavily wooded; are there holes, ruts and obstructions? Explain _____
5. Do the screen/storm doors of your home close securely and clasp? Yes No
 - a. Do they have screens and storm windows? Yes No
 - b. Are they self-close? Yes No
6. Does your home have long staircases (more than 2-3 steps) that your Greyhound will need to climb? Yes No
7. Ages of persons under 18 with which your Greyhound will regularly interact: _____
8. Are the children/grandchildren taught to respect and properly interact with dogs and other animals? Yes No NA
9. Do you consider your household to be busy or quiet? Busy Quiet
10. Does anyone in the household have allergies? Yes No If YES, any allergies to pet dander? Yes No
11. Name of adult family member with major responsibility for daily care of this Greyhound? _____
 - a. What is the relationship (Mother/Father)? _____
12. Do any neighboring pets or any wild animals frequent your yard space? Yes No

- 13. Have you tried to adopt an animal before and been turned down? Yes No If YES, please explain _____
- 14. Have you ever had a Greyhound before? Yes No
- 15. Will this be your first pet? Yes No
- 16. What type of pets did you previously own? Dogs Cats Pigs Ferrets Other, please name _____
- 17. What happened to them? _____
- 18. Did you ever return a pet to a humane society or pound? Yes No If YES, please explain _____
- 19. What pet dogs do you currently own (State breed, age, length of ownership and number of dogs) _____
- 20. Do you agree to properly license your Greyhound and follow all local and state laws and regulations that pertain to pet ownership and control? Yes No
- 21. In addition to the First State Greyhound Rescue identification tag, do you agree to immediately provide a nametag to include the Greyhound's name and your contact telephone number(s) and address? Yes No
- 22. Do you agree to keep your Greyhound within an impenetrable fenced-in area or walk on leash to relieve itself 3 or 4 times a day? Yes No
- 23. Do you agree to NEVER tie your Greyhound to a stationery object or to tie it to an overhead run? Yes No
- 24. Do you understand that your adopted Greyhound **MUST BE RETURNED TO THIS ADOPTION ORGANIZATION** if you are not able to keep it or maintain it in good health and comfort? Yes No

SIGNATURES:

Adopter

Date

Adopter

Date

Approved for Adoption- First State Greyhound, Inc.
Representative

Date



Payment: Please include a deposit in the amount of \$100.00 payable to **First State Greyhound Rescue, Inc.** with your application. The non-refundable deposit will be applied to the total adoption fee, which is \$285.00 for hounds under 7 years of age, and \$185.00 for hounds 7 years and older.*

Required Reading: For first-time adopters is Lee Livingood's "Retired Racing Greyhounds for Dummies" and is available for purchase through First State Greyhound Rescue, Inc.'s website.

Sending Information: Please return the application and deposit check to any Adoption Representative below.

The application review process could take several weeks. Please be patient! Thank you.

Berks County, PA

Deb Detterline
155 Texter Mountain Road
Wernersville, PA 19565
610.693.6027
adoption@firstgreys.org

Lehigh Valley PA and North NJ

Ellen Link
1584 Surrey Road
Bethlehem, PA 18015
610.868.7442
adoption@firstgreys.org

All locations of PA, NJ, DE and MD

Christine Guth
511 Wild Mint Lane
Allentown, PA 18104
484.201.5756
adoption@firstgreys.org

Lancaster County, PA

Sean Gallagher
951 Driver Road
Landisville, PA 17538
717.392.7208
adoption@firstgreys.org

* A \$25 returned check fee will be charged
Revised 12/17/2014





FIRST STATE GREYHOUND RESCUE, INC.
ADOPTION APPLICATION
PREVIOUS FSGR ADOPTERS

APPLICANT:

Name _____
Address _____
City _____ State _____ Zip _____
County _____ Township _____
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Email _____ Age of Applicant _____ Occupation _____
Age of Co-Applicant _____ Occupation of Co-Applicant _____

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5. Is this Veterinarian familiar with Greyhounds? Yes No
6. Previous Veterinarian's Name (if applicable) _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
7. How long ago was this your vet (if applicable)? _____

With my signature below, I, _____, hereby authorize my current and former veterinarian to release necessary records and information to FSGR for reference checking purposes.

Signed: _____ Date _____

GENERAL INFORMATION:

1. Are all family members in complete agreement about adopting a Greyhound? Yes No Not Sure
2. Type of Residence: Apartment Condo Townhouse Mobile Home Single Family Farm/Ranch
3. Do you own or rent residence? Own Rent
 - a. If you rent, does the landlord allow dogs over 50lbs? Yes No **If you rent, please include a copy of the rental agreement or a letter from the landlord stating that large dogs are permitted. Return the letter with this application.**
4. Does your municipality restrict the number of dogs per household? Yes No If YES, how many? _____
5. Is your residence: Urban Suburban Rural
Do you have a fenced in yard? Yes No If YES, **(This adoption program does NOT recognize electronic/invisible fencing for Greyhound containment in any case or scenario):**
 - a. What is the height of the fence? _____
 - b. What is the dimension of yard area enclosed by the fence? _____
 - c. What type of fence? _____
 - d. Is the fence in good repair? Yes No

6. Does your home have long staircases (more than 2-3 steps) that your Greyhound will need to climb? Yes No
7. Ages of persons under 18 with which your Greyhound will regularly interact: _____
8. What pet dogs do you currently own (State breed, age, length of ownership and number of dogs) _____

9. What is the gender of these dogs? Female Male
10. Are any of your current dogs territorial or "alpha"? Yes No
11. Are they spayed or neutered? Yes No
12. Are the dogs current with shots, including rabies? Yes No If NO, why not? _____
13. Do you own cats? Yes No If YES, how many? _____
14. What other pets do you own and what are they? _____
_____ How many? _____

GREYHOUND CONSIDERATION:

1. Why do you want to adopt another Greyhound?

2. What Gender of Greyhound do you prefer? Female Male No Preference
3. What weight or size Greyhound do you prefer? _____ No Preference
4. What age of dog do you prefer? _____ No Preference
5. What temperament would best suit your household/lifestyle? _____
6. Would you consider adopting a dog aged 6 or older? Yes No
7. A dog that was brood bitch or stud? Yes No
8. Where will the Greyhound spend the majority of its time? Please explain: _____
9. How many hours each day will your Greyhound be alone/unattended? _____
10. When would you wish to adopt your Greyhound? _____
11. Do you understand that your adopted Greyhound **MUST BE RETURNED TO THIS ADOPTION ORGANIZATION** if you are not able to keep it or maintain it in good health and comfort? Yes No

SIGNATURES:

Adopter

Date

Adopter

Date

**Approved for Adoption- First State Greyhound, Inc.
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