



Adoption Application

Thank you for your interest in adopting a retired racing Greyhound. Adopting a Greyhound is a serious responsibility requiring a long-term commitment. Greyhounds make wonderful companion pets and will give you many years of love and devotion. This application has been designed to evaluate potential adopters to ensure that each person who adopts a Greyhound is not only aware of that responsibility, but also to address the suitability and permanence of each Greyhound placed in a home. We have only the best interest of the Greyhound in mind. These dogs rely on us to place them into appropriate, loving, responsible homes. All adults in your household must agree to this adoption and sign the application. Please read this application carefully and consider the importance of your responses. The information you provide in this application will aide TAGS and help you determine which of our Greyhounds would best fit your personality and lifestyle.

TAGS recommends that families with children who are interested in adopting a Greyhound read the book, *Childproofing Your Dog: Complete Guide to Preparing Your Dog for the Children* by S. Brian/Wilson Kilcommons. Unless you have previously owned a Greyhound or currently have a Greyhound or other large dog, TAGS does not recommend that families with children under five years of age adopt a Greyhound.

There is a non-refundable adoption donation of \$325.00, which is tax deductible. **A \$75 deposit is required with submission of the application (\$50 of which is refundable and \$25 of which is non-refundable).** The remaining \$250 adoption donation is due when the Greyhound is adopted. For senior dogs (9 years or older) the adoption donation fee is \$250.00. The donation fee includes:

- ❖ Neuter/spay
- ❖ All vaccinations (DHLPP, Bordetella & Rabies)
- ❖ A CBC (complete blood count) with serum chemistry panel
- ❖ A tick-borne disease panel* with treatment if needed for each
- ❖ Heartworm and fecal test with negative test results
- ❖ Dental cleaning and extractions - if needed
- ❖ Martingale collar and leash
- ❖ Basket muzzle

**This test, performed by Protatek Laboratory in Arizona, detects Ehrlichia canis, Babesia canis, Rocky Mountain Spotted Fever and Lyme, all diseases prevalent in Texas transmitted from a tick bite. Proper treatment will eliminate this disease; however, if the Greyhound is not tested and treated as necessary, the disease can go undetected for years manifesting itself as different illnesses causing difficult, extensive and costly treatment and premature death.*

All questions must be answered even if the answer is "none", "not applicable" or "unknown".

Your application will not be considered unless all questions are answered.



YOU AND YOUR HOUSEHOLD		
Name of Primary Adopter and Co-Adopter:		Street Address:
City:	State:	Zip:
e-Mail:		Fax:
Home Phone:		Mobile/Cell Phone:
Employer Primary Adopter:		Work Phone Primary Adopter:
Co-Adopter:		Co-Adopter:
Contact Name (contact who can always reach you, other than Co-Adopter):		Contact Phone:
Number of Adults in your home:	List children and their ages (use reverse side if needed):	
Name anyone in family allergic to dogs or cats:		Describe the area in which you live: <input type="checkbox"/> City <input type="checkbox"/> Suburban <input type="checkbox"/> Country
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		
YOUR RESIDENCE		
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		How long at present residence?
Do you: If apt. or duplex, is there a size/pound restriction? <input type="checkbox"/> Rent <input type="checkbox"/> Own		If apt. or duplex, is there a dog size/pound restriction?
If you rent or lease, do you have permission from your landlord to have a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Landlord's Name:		Landlord's Phone Number:
Do you have a completely fenced yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fence Type:	Fence Height:
Are you aware that greyhounds must ALWAYS be kept on a leash or in a completely fenced area? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If your yard is not fenced, what sort of exercise will your greyhound receive?		



OTHER PETS AND PET CARE

What other pets do you have? (Type, Breed, Name, Age, Sex, Altered) (Use reverse side if necessary)

If you own a cat is it...

Indoor Indoor/Outdoor

What kind of dental care do you provide your pets?

Do you have a veterinarian?

Yes No

Is s/he familiar with Greyhounds special needs?

Yes No

Veterinarian's Name:

Veterinarian's Phone Number:

Veterinarian's Address:

What last name and pet name are the records under? (Use reverse if necessary)

Did you have other pets in your home previously? Yes No

Please describe what became of them: (use reverse if necessary)

Have you ever adopted from any other adoption group or shelter?

Yes No

If so, which one?

Phone number:

Have you ever surrendered an animal to an adoption group or shelter?

Yes No

Why?

YOUR INTEREST IN GREYHOUNDS

How did you hear about our organization?

What made you choose a greyhound?

How long have you considered adopting a greyhound?

What is your purpose for adopting? (Mark all that apply)

House pet Companion Therapy dog Company for another pet

Who will be responsible for the care and training of your Greyhound?

Approximately how many hours would your Greyhound be alone each day?

What arrangements will be made for your Greyhound when you travel, or if you are absent from your home for an extended period of time?



Texas Adopt a Greyhound Society, Inc.



Where will your Greyhound spend its time during the day?

Where will your Greyhound spend its time at night?

To provide food, vaccinations, dental care, registration, and medical care for this Greyhound, how much do you anticipate spending (yearly):

\$200 \$300 \$400 \$600 \$700+

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

Which would you prefer: <input type="checkbox"/> Female <input type="checkbox"/> Male	Why?
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Do you have any preference regarding age or color?

Do you have a preference for a particular dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which one?
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Occasionally an older Greyhound or one with special needs is available. Would you consider adopting such a dog? Yes No

It may take **SEVERAL WEEKS** for a Greyhound to adjust to its new home. Are you willing and prepared to allow this much time?
 Yes No

A home visit may be required. Do you agree to allow a TAGS representative to do a home visit and make post-adoption phone calls?
 Yes No

When would you be ready for a dog? (It is advisable to have at least three days available when you first bring a Greyhound into your home. This helps with the transition.)

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

<input type="checkbox"/> Moving	<input type="checkbox"/> Separation Anxiety	<input type="checkbox"/> Chewing	<input type="checkbox"/> None
<input type="checkbox"/> Digging	<input type="checkbox"/> Problems with housetraining	<input type="checkbox"/> Having a baby	
<input type="checkbox"/> Barking	<input type="checkbox"/> Too rough with the children	<input type="checkbox"/> Biting	
<input type="checkbox"/> Killing another animal	<input type="checkbox"/> Destructive	<input type="checkbox"/> Other	

What research have you done about the breed?

Are you willing to return your Greyhound to TAGS if you are unable to keep the dog?
 Yes No



Please list any additional comments that you would like for us to consider when reviewing your Greyhound adoption application: (Use reverse side if necessary)

YOUR REFERENCES

Please list two references that you have known for more than one year. At least one of your references should be a neighbor. References cannot be family members.

Reference 1:

Name (Please Print)	Phone (day)		Phone (evening)
Address	City, State	ZIP	eMail

For TAGS use only:

Reference 2:

Name (Please Print)	Phone (day)		Phone (evening)
Address	City, State	ZIP	eMail

For TAGS use only:

YOUR AUTHORIZATION AND SIGNATURES

I/We authorize my/our veterinarian to release information regarding my/our pets to a representative of Texas Adopt a Greyhound Society, Inc.

By signing this application, I/we certify that the information supplied herein is true and correct. If the information in this application is found to be false, Texas Adopt a Greyhound Society, Inc. retains the right to decline this adoption request.

Signature (Adopter)	Date
Driver's license #	State
Signature (Co-Adopter)	Date
Driver's license #	State

ABOUT TAGS

I understand that TAGS' priority is to serve the best interests of the Greyhounds in its care. Therefore TAGS

reserves the right and sole discretion to refuse an adoption to anyone for any reason.

Return completed application with \$75 application fee to:	Texas Adopt a Greyhound Society, Inc. P.O. BOX 703782 Dallas, TX 75370
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For additional information or questions:
214-368-TAGS (8247)
<http://www.TAGSinTX.org> email: TAGSinTX@gmail.com

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