

## NATIONAL GREYHOUND ADOPTION PROGRAM

Sam & Gay Latimer, 636 Piney Point Rd., Virginia Beach, VA 23452

Phone (757) 486-7956

(For Adoption Center Use Only)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Name and Phone Number: \_\_\_\_\_

Adoption No: \_\_\_\_\_

Date: \_\_\_\_\_

L.E.: \_\_\_\_\_ R.E.: \_\_\_\_\_

Sex: M F

Color: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

**\*\*Approved adopters will pick up their new greyhound at directors house in Virginia Beach\*\***

### ADOPTION AGREEMENT

I herewith contribute to the NGAP Adoption Center for the furtherance of its good work, the sum of **\$ 299.14** (includes 8% Pennsylvania State Tax) as an Adoption fee. I understand that this **fee is non-refundable** if I return said animal to the NGAP Adoption Center for any reason.

I acknowledge receiving from the NGAP Adoption Center custody of the above described animal, as to which I solemnly promise:

- 1) I will provide humane care and will comply with all laws and ordinances in force in the area in which I reside applicable to said animal.
- 2) I will report to the NGAP Adoption Center immediately if the Greyhound is lost, stolen or dead.
- 3) I will allow no one to use said animal for any experimental purpose whatsoever.
- 4) I will return said Greyhound to the NGAP Adoption Center if at anytime I desire to relinquish custody of it. I shall **NEVER** take said animal to an animal pound, shelter, or any other person or group without written permission from the NGAP.
- 5) I will return said animal to the NGAP Adoption Center if at anytime I am requested to do so by the NGAP ADOPTION CENTER because of any violation of the terms of this agreement, making no charge for its upkeep or for any other reason.
- 6) I agree that I will not attempt to hold the NGAP Adoption Center, or its staff and director responsible for any illness of the animal or for any damages which the animal may do to any person or property. I accept all future liability with regard to said animal.
- 7) I will not use said animal for the purpose of hunting game animals.
- 8) I will never allow said animal to be raced again.
- 9) I will return the follow up reports when they are due.
- 10) I will give my pet heartworm preventative.
- 11) I will submit photographs of my new pet once a year to NGAP for its use in finding more adoptive homes.

12) I will immediately obtain an identification tag for my greyhound showing my name, address and phone number in case my greyhound is lost.

13) I will **NEVER** allow my greyhound off a lead unless it is in a fenced area. If I am found to be endangering my greyhound by doing so, I will relinquish my greyhound to the adoption program upon request.

(Both parties) SIGNED: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

ADOPTER MUST PROVIDE PROPER ID: \_\_\_\_\_

DRIVERS LICENSE NO.: \_\_\_\_\_

ADOPTION CENTER REPRESENTATIVE: GAY LATIMER

**\*\*MILITARY OR SPOUSES OF MILITARY\*\***

How long have you been stationed here? \_\_\_\_\_

How much longer will you live here? \_\_\_\_\_

Do you have a tour of duty over seas? \_\_\_\_\_

If so, do you know where you will be based? \_\_\_\_\_

Do you live in base housing? \_\_\_\_\_

Did you have animals at your last duty station? \_\_\_\_\_

Where are they now? \_\_\_\_\_

What will you do with your animal if you are transferred over seas? \_\_\_\_\_

How long will you be in the military? \_\_\_\_\_

Are you expecting a transfer? If so, do you know when and where you will transfer to? \_\_\_\_\_

What will happen to your greyhound if you have to move and they will not take your greyhound? \_\_\_\_\_

Military ID: \_\_\_\_\_

Duty Station: \_\_\_\_\_

Pay Grade: \_\_\_\_\_

# NATIONAL GREYHOUND ADOPTION PROGRAM

Return to: Gay Latimer, 636 Piney Point Rd., Virginia Beach, VA 23452 Phone: 757-486-7956

## ADOPTION APPLICATION

**(Adoption fee \$299.14 includes 8% Pennsylvania State tax)**

Pet ownership is a serious responsibility. It is the policy of the National Greyhound Adoption Program 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 responsibility **morally, physically, and financially**. It is quite true that not every person who desires to adopt a greyhound should have one. To assure fairness, we submit your application to a committee for approval. **We reserve the right to refuse any adoption application.**

The following questionnaire has been designed to aid both you and the Adoption Center in deciding if you and/or your family are indeed adequately prepared to assume the type of responsible ownership which we are endeavoring to assure for our adoptive Greyhounds. If there is not enough space to fully answer each question, attach an additional sheet for your responses. (Please print legibly)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you attended one of our Meet & Greets or have you met Greyhounds in person before? **Y/N**

Have you contacted or filed an application with any other group? **Y/N** If you answered yes, please list the group(s) you have contacted: \_\_\_\_\_

Why do you want a Greyhound? \_\_\_\_\_

Desired Age? \_\_\_\_\_ Desired Sex? \_\_\_\_\_ Desired Color? \_\_\_\_\_ Would you accept a substitute? **Y/N**

Would you consider a Senior? **Y/N** Shy? **Y/N** Special Needs? **Y/N** Injured? **Y/N**

We cannot guarantee a specific color, but if there is a color you do not want please list here: \_\_\_\_\_

What type of personality/temperament do you think would fit with your family? \_\_\_\_\_

What pets do you currently have? Type \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered? **Y/N** If not, why? \_\_\_\_\_

Where do they spend the day? \_\_\_\_\_ Night? \_\_\_\_\_

Did you ever take a pet to a Humane Society or Pound? **Y/N** If yes, please give the reason: \_\_\_\_\_

List adults in your household and ages: \_\_\_\_\_

List children and their ages: \_\_\_\_\_

Are your children good with animals? **Y/N Sometimes**

Do you have roommates? **Y/N** If yes, how many? \_\_\_\_\_

Are you a college student? **Y/N**

**We do yard and home checks and will call to set up an appointment.**

Do you have a fenced yard? **Y/N** What size yard? \_\_\_\_\_ Fence height: \_\_\_\_\_

Type of fence? **(We do not approve electric fences or invisible fences)** \_\_\_\_\_

Do you have a pool? **Y/N** Above ground? **Y/N** In- Ground? **Y/N**

What are your views on tying or chaining a dog outside? \_\_\_\_\_

Do you travel much? **Y/N** If so, who will take care of your Greyhound? \_\_\_\_\_

Approximately how many hours each day will your Greyhound be home alone? \_\_\_\_\_

Describe the area in which you live: \_\_\_\_\_

City: \_\_\_\_\_ Suburban: \_\_\_\_\_ Urban: \_\_\_\_\_

What do you reside in? House **Y/N** Mobile Home **Y/N** Condo **Y/N** Townhouse **Y/N**

How long have you lived at this address? \_\_\_\_\_

If you rent or lease, do you have permission from your landlord to have a dog? **Y/N** Size \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

If your Greyhound needs additional help in adjusting to home life, are you willing to seek help in working through the problem? **Y/N**

Would you be willing to learn how to provide behavior and obedience training for your new Greyhound? **Y/N**

Are you willing and able to let your Greyhound out for necessary functions at least 4 to 5 times a day? **Y/N**

Why is it important to keep your Greyhound on a leash? \_\_\_\_\_

**Greyhounds MUST live inside your home. They cannot be kept in an outdoor kennel or dog house.**

Do you agree to keep your new pet inside the home? **Y/N**

Is there a legal ordinance in your area pertaining to owning/housing an animal (i.e., leash laws, License, vaccinations)? **Y/N**

Are you willing to keep a collar and tag bearing your name, address and phone number on your Greyhound at all times? **Y/N**

If for any reason you are unable to keep your Greyhound, do you agree to return it to this adoption center? **Y/N**

Are you willing to accept immediate and full responsibility for the ownership of your Greyhound, including all health care costs and necessary burdens and responsibilities of owning a pet? **Y/N**

What is your estimate of the yearly expense of owning a Greyhound? \_\_\_\_\_

What does this figure include? \_\_\_\_\_

What reasons would you have to relinquish your Greyhound? (please check all that apply)

<b>Barking</b>	<b>Whining</b>	<b>Crying</b>	<b>Chewing</b>
<b>Digging</b>	<b>Biting</b>	<b>Too Rough</b>	<b>Expense</b>
<b>Moving</b>	<b>Behavior</b>	<b>Housebreaking</b>	<b>Other</b>

Have you previously had or adopted other pets? **Y/N** Please list the breed, name, years in your care, and reason you no longer have them: \_\_\_\_\_

If you have previously had other pets, were they spayed or neutered? **Y/N** If not, please explain: \_\_\_\_\_

Do you agree to give your dog Heartworm preventative? **Y/N** Have your dogs always been on Heartworm prevention? **Y/N**

Do you agree to maintain yearly visits to your vet? **Y/N**

Do you agree to follow your vet's recommendations on teeth cleaning? **Y/N**

Greyhounds live 12 to 15 years. Can you commit to caring for them for this period of time? **Y/N**

Have you ever been convicted of a felony? **Y/N** If yes, please explain: \_\_\_\_\_

Are you agreeable to a home visit prior to adoption and a later follow up visit? **Y/N**

You can get guarantees when you purchase a car or an appliance but none are available when you adopt an animal. Can we guarantee if the dog will bite or chew, have problems in housebreaking or love your children? Do you know anyone who is capable of guaranteeing anything in regard to animal behavior? Pets will make mistakes. After all, we all make mistakes so don't expect perfection. Give your greyhound a lot of love and patience and you will be greatly rewarded.

### References

#### Veterinarian Reference

Current or previous (Please notify your vet that we will be calling)

Veterinarian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Signing below authorizes your veterinarian to disclose your animal's records.

#### Personal References

Please list references that you have known for more than two years. At least one reference should be a neighbor. References can not be family members.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (Daytime) (\_\_\_\_) \_\_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (Daytime) (\_\_\_\_) \_\_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (Daytime) (\_\_\_\_) \_\_\_\_\_ (Evening) (\_\_\_\_) \_\_\_\_\_

I/we certify that all the information on the Greyhound Adoption Application is true and correct.

Signature of both applicants: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_