

GREYHOUND PETS OF AMERICA/LA

PLEASE RETURN THIS COMPLETED APPLICATION AND YOUR CHECK OR MONEY ORDER MADE PAYABLE TO "GPA/LA" TO YOUR LOCAL PLACEMENT REPRESENTATIVE. YOU CAN FIND THE ADDRESS OF YOUR PLACEMENT REPRESENTATIVE BY VISITING OUR CONTACT PAGE AT HTTP://HOUNDSABOUT.ORG/CONTACTS.HTML



PERMANENT HOME APPLICATION

IF THERE IS MORE THAN ONE ADULT IN THIS HOUSEHOLD, THIS APPLICATION MUST BE AGREED TO AND SIGNED BY ALL



Name(s) of Adopter(s):

(1) _____
(2) _____

Address (Street Address Please-Not P. O. Box):

E-mail Address: _____

Date of Application: _____

Home Telephone: (____) _____

Employer(s) and Business Telephone(s):

(1) _____

(2) _____

Drivers' License Number: (1) _____

(2) _____

Cell Phone Number: _____

Name, Address & Telephone of Next of Kin: _____

How did you hear about GPA? _____

Do you have any other pets? [] Yes [] No If yes, please specify type, size, age, sex, and if this greyhound will be in contact with it (them): _____ How many hours per day

will your dog be left alone? _____ Do you have children? [] Yes [] No If so, please specify number and ages:

_____ How many adults live in your household? _____ Do you [] Rent or [] Own

your home. If you rent your home/apartment, you must have permission to keep a pet: Do you have your landlord's approval to keep an indoor pet of 50+ pounds? [] Yes [] No Do you have an enclosed yard with a secure fence in which to exercise your dog? [] Yes [] No Please describe area and fence: _____

If you do not have a fully enclosed, secure area, please describe how you plan to exercise your greyhound two to three times weekly: _____ When outdoors, do you agree to either

keep your greyhound on a leash or within a securely fenced area? [] Yes [] No Do you agree never to tie or

chain your greyhound outdoors while unattended? [] Yes [] No Would you be willing to provide all or part

of the transportation? [] Yes [] No Please indicate the date as of which you will be ready to accept

possession of your dog: _____

Any special considerations? (weekends, days off, etc.): _____

PREFERENCES/REQUIREMENTS: Sex: [] Prefer [] Require [] Male [] Female [] No Preference

Age: [] Prefer [] Require / Age Range: _____ [] No Preference Color: Preference: _____ / [] None

(Note: Especially if there are other pets or children in the home, we strongly recommend choices in color be listed as only preferences, or disregarded completely! Remember, if you specify a sex, age or color attribute as a requirement, we will not contact you about dogs which do not meet every criteria!)

Name, Address & Telephone Number of Vet you plan to use: _____

Does the above-named vet know you? [] Yes [] No Please provide the name and telephone number of a personal reference: _____

If you have previously owned a pet(s), please tell us about it (them). Include type of pet; how you obtained it (pet shop, humane society, SPCA, etc.); and what happened to the pet (if you gave it away, why and to whom; if it is deceased, how it died and at what age): _____

Are you planning/expecting any changes in your life that could have an effect on this adoption? (New job, expected pregnancy/child adoption, expected move/transfer?) _____

If there are other things you think we need to know about, please attach a separate sheet w/narrative.

**PLEASE READ THE FOLLOWING VERY CAREFULLY AND SIGN WHERE
INDICATED TO DENOTE ACCEPTANCE OF ALL CONDITIONS OF ADOPTION**

I agree to provide this greyhound with a safe and healthy living environment, including a proper and healthy diet, regular exercise and routine medical care. I am further aware that while GPA/LA strives to provide adopters with greyhounds in sound medical condition, all dogs are subject to illness. I assume responsibility for all medical expenses subsequent to adoption, except those agreed to be borne by GPA/LA prior to the adoption.

I agree to provide this pet with routine inoculations and necessary medications in accordance with legal requirements and accepted veterinary health practices (ie., rabies and other annual inoculations; heartworm testing and preventive medications; dental cleaning (as necessary); and periodic testing for intestinal parasites. If not accomplished prior to adoption, I agree to spay or neuter this greyhound within twenty (20) days of the adoption, and to provide Greyhound Pets of America/LA (hereinafter GPA/LA) with certification of the surgery. Failure to fulfill this requirement, unless I have received a written extension or exemption for a bona fide medical condition (such medical condition to be certified by a licensed veterinarian and accepted by GPA/LA) may, at the option of GPA/LA, result in the immediate repossession of the dog by GPA/LA or its designee.

I agree to maintain this greyhound as a family pet, and not as a hunting or guard dog. This dog will not be used as a research subject or maintained as a veterinary blood donor. This dog will not be raced or coursed for money or used for any purpose except as herein provided. I agree to keep this greyhound as a house pet, not as a "yard dog". When out of doors, this greyhound will be kept in a substantially constructed, fenced area or it will be kept on a leash at all times. I agree to NEVER leave this greyhound tied or chained and unattended. I agree to NEVER transport this greyhound in the open bed of a vehicle, whether tethered or not. I agree to allow the inspection of this greyhound, and/or the premises upon which it is kept, for the purpose of verification of compliance with this contract, at reasonable times and with reasonable notice, upon the request of any GPA/LA Representative or any Humane Society or Animal Control or Police Officer acting at the request of GPA/LA. I agree to keep a collar with identification tag(s) on this greyhound at all times (including, but not limited to, a GPA ID Tag and current Rabies tag). I agree to notify GPA/LA **immediately** should this greyhound be lost, stolen or deceased, and, should the dog be deceased, to provide GPA/LA with documentary proof of death upon request. I agree to promptly notify GPA/LA of any change of address which alters the location at which this greyhound is housed. I agree to respond promptly and fully to any and all communications (ie., telephone calls, e-mail, written inquiries, questionnaires) from GPA/LA.

By this contract, I hereby authorize the disclosure, by any veterinarian who has treated or attended this greyhound, of all information pertaining to surgical, medical and health care, to GPA/LA or its designated representative. If for any reason, financial or other, I am unable or unwilling to continue to provide proper care for this greyhound, I agree to contact GPA/LA, and without any payment or recompense thereto, I agree to surrender this greyhound into the care of GPA/LA or its designated representative, and to deliver the greyhound to the place and person designated by GPA/LA. At the time of such surrender, I agree to provide GPA/LA with proof of the greyhound's current medical status. I agree to provide a medical record (or the name and identifying information of a veterinarian who can provide that information) to prove the greyhound is "current" on inoculations and heartworm prevention; if I am unable to provide such certification, I agree to be financially responsible for the usual and customary costs of any necessary medical treatment. After surrender in accordance with this contract, I will have no further legal claim to this greyhound, and at the time of surrender, my liability for the animal will cease. After notification of GPA/LA of my intention to surrender the dog, I agree to provide for the dog's proper care and maintenance for a reasonable time until an appropriate foster or permanent home can be found. I understand that I **MAY NOT** sell, give or by any method transfer this greyhound to another person or persons without the express, **prior** permission of GPA/LA.

I understand that my failure to comply with the terms of this contract will constitute just cause for the repossession of this greyhound by, and at the option of, GPA/LA or any humane society or animal control officer or police officer acting at the request of GPA/LA. Further, I agree to pay any legal fees and court costs associated with the enforcement of this contract and/or any expenses associated with the proper maintenance of this animal caused by my failure to comply with the contract's terms. I agree, even after the surrender of this dog, to be financially responsible for any medical attention (including inoculations and heartworm testing and/or treatment) which is due/overdue at the time of surrender.

Signature(s)

I HAVE BEEN MADE AWARE THAT
GREYHOUNDS ARE VERY SENSITIVE
TO TEMPERATURE EXTREMES;
THEREFORE; I AGREE TO KEEP THIS
DOG AS AN INDOOR PET AND NOT AS
A "YARD DOG"

All Adopters' Initials Required

Date

*** PLEASE RETURN THIS COMPLETED APPLICATION TO GPA/LA AT THE ADDRESS INDICATED (CHECKED) ON THE FRONT OF THE APPLICATION, WITH THE \$75.00 DEPOSIT FEE (CHECKS OR MONEY ORDERS PREFERRED) (\$30.00 IS NON-REFUNDABLE FOR EXPENSES ASSOCIATED WITH LOCATING A GREYHOUND FOR YOU AND PROCESSING THIS APPLICATION; NO FEE IS REFUNDABLE ONCE GPA/LA HAS OBTAINED A GREYHOUND FOR YOU, OR PLACED A GREYHOUND WITH YOU, IN ACCORDANCE WITH THIS APPLICATION/CONTRACT.) ***

THE TOTAL COST OF THE ADOPTION WILL BE \$200.00!!

Please Do Not Write Below This Line *** For GPA/LA Use Only

Dog's Racing Name: _____ Dog's #: _____ Dog's Pet Name: _____

Date Dog Placed: _____ Sex: Male Female Color: _____ GPA Tag: _____

Tattoos: Left Ear: _____ Right Ear: _____ Medicals by: _____ Rabies Tag: _____

Amount(s)/Date(s) Paid: _____ Date Application Received: _____ Approval Date/Initials: _____