

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](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(es): _____

Date of Application: _____

Home Telephone: (____) _____

Employer(s) and Business Telephone(s):

(1) _____

(2) _____

Drivers' License Number: (1) _____

(2) _____

Cell Phone Number(s): _____

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.):

Signature(s)

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**.

Signature(s)

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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 #: _____ Sex: Male Female

Dog's Pet Name: _____ Color: _____ GPA Tag: _____

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

Date Application Received: _____ Approval Date/Initials: _____

Date Dog Placed: _____ Amount(s)/Date(s) Paid: _____