



# Greyhound Adoption of Ohio, Inc. (GAO)

## Adoption Application

*"The greatest thing I've ever known ... Someone came and took me home"*

*A Not-for-Profit, Tax-Exempt Organization in the State of Ohio*

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### About You:

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Best time to Call: \_\_\_\_\_

Email: \_\_\_\_\_ Length at Address: \_\_\_\_\_

### Employer Info:

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

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

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

### Other Info:

How did you hear about GAO? If you saw us at a Meet & Greet, which location? \_\_\_\_\_

Have you applied at any other greyhound rescue? YES / NO

If yes, where? \_\_\_\_\_

If yes, what were the results of that application? \_\_\_\_\_

Have you ever owned a greyhound? YES / NO

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

Have you any preferences as to size, gender (males and females make equally good pets) or color? \_\_\_\_\_

What other pets do you have now? (Please list name, type, gender of each)\_\_\_\_\_

If any of your dogs aren't neutered, please list their names here:\_\_\_\_\_

What pets have you had in the past?\_\_\_\_\_

What pets have you had in the past two years (if any) that you no longer have? What happened to them? (Please be specific)\_\_\_\_\_

Is there someone home during the day?                    YES     /     NO

If "No", how long and during which hours would your pet be alone? (Please be specific)\_\_\_\_\_

Where do you live?        IN THE CITY     /     IN THE SUBURBS     /     IN THE COUNTRY

What type of dwelling do you live in?        SINGLE FAMILY HOUSE     /     TWO FAMILY HOUSE     /     APARTMENT OR CONDO

Does your landlord or condo association allow you to have pets?

I OWN MY OWN HOME     /     NO, NO PETS     /     YES, I CAN HAVE PETS

If yes, what size & how many?\_\_\_\_\_

Landlord's name/address/phone, if applicable\_\_\_\_\_

How long would you allow for your greyhound to fully adjust to his/her new home? \_\_\_\_\_

What if you had to move to a place that did not allow pets?\_\_\_\_\_

Do you have a fenced area where your greyhound can be safely let out without having to be led to it? YES / NO

If yes, please describe size and type of fence: \_\_\_\_\_

\_\_\_\_\_

Do you agree to **always** keep your greyhound on a leash or within a fenced area? YES / NO

Where will your greyhound stay during the day? \_\_\_\_\_

Where will your greyhound sleep at night? \_\_\_\_\_

Are there stairs in your home? YES / NO

If yes, please describe them: \_\_\_\_\_

\_\_\_\_\_

Are you willing to take your greyhound out at least four times a day to relieve himself? YES / NO

Do you agree to keep your greyhound exclusively as a house dog; to never use him for commercial racing or laboratory research, or anything other than a companion animal? YES / NO

Will you place identification on your dog immediately and keep it on at all times? YES / NO

Do you agree to notify Greyhound Adoption of Ohio if your greyhound should ever become lost? YES / NO

Do you agree to notify Greyhound Adoption of Ohio if, for any reason, you cannot keep your greyhound; to never give it to a shelter, pound or other person without written permission from Greyhound Adoption of Ohio? YES / NO

**About Your Veterinarian (or the last veterinarian used):** *Please give permission to your vet to release information for a vet check. We will conduct vet checks on all GAO families.*

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

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

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

**Please answer the following questions briefly:**

What is heartworm and how can it be prevented? \_\_\_\_\_

\_\_\_\_\_

How often should your dog have booster vaccinations? \_\_\_\_\_

\_\_\_\_\_

How often should your dog be checked for internal parasites? \_\_\_\_\_

\_\_\_\_\_

Please list the names and ages of everyone in your household, including yourself: \_\_\_\_\_

\_\_\_\_\_

From time to time we rely on our families to assist in projects or activities. Do you have an occupation or skills that you may be able to volunteer should the group need assistance? (e.g. graphic designer, lawyer, printer, accounting)

If you're willing to help us please list your name and occupation/skill: \_\_\_\_\_

\_\_\_\_\_

All dogs require a commitment of time, exercise, attention and affection. A Greyhound isn't perfect for every family.

Please tell us why you think you could provide a good home for a Greyhound. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify the above information is true and complete.**

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