## **ADOPTION APPLICATION**

Or complete the application online at www.rdrp-greyhound.org



Your Contact Information				
	Applicant	Co-Applicant		
Name				
Address				
City				
State				
Zip				
Phone				
Email				
Occupation				
Employer				
Work Address				
Work City				
Approx Age (ex 40-50)				

## **Other Information** How did you hear about our program? Why do you want to adopt a Greyhound? Do you have a gender preference? Doesn't Matter YES NO Is the age of the Greyhound a factor? Doesn't Matter YES NO What other pets do you have now, and would you describe them?

Do you own you	r own home? YES I	NO					
If not, please provide landlord's name and number:  Are there pet restrictions in your community?  Please list restrictions & provide association's phone number:							
					Do you have:		
Stairs?	Yes	No					
Pool?	Yes	No					
A fenced yard	and if so, what type a	nd how high?					
Do you intend to	keep your Greyhound	in the house?					
	Yes	No					
Is it important to	o keep your dog(s) lea	shed in an unfenced area?					
	Yes	No					

## I agree to the following:

Agree to take the dog or	utside 3-4 times per day to	relieve itself?
	Yes	No
Keep a collar bearing ID	on the dog AT ALL TIMES	?
	Yes	No
Notify us if you find you	can no longer keep the do	og?
	Yes	No
Not give the dog to ANY	ONE without our consent?	
	Yes	No
Provide year-round hear	rtworm preventative?	
	Yes	No
Provide vaccinations, as	required by local governm	nent?
	Yes	No
Please provide contact i	nfo of a Veterinarian who	knows you:
Vet's Name:		
Vet's Address:		

/et's Phone:
Applicant's Signature:
Co-Applicant's Signature:
Date:

THANK YOU FOR CONSIDERING ADOPTING A GREYHOUND FROM RDRP!

An Adoption Counselor will be following up with you.

## **Mail complete Adoption Application to:**

**Racing Dog Rescue Project** 

**PO Box 18153** 

Sarasota, FL 34276

941/379-3278

www.rdrp-greyhound.org

