



Date: _____
Amt: _____
Ck#: _____

ADOPTION APPLICATION

PO Box 342
Bondurant, Iowa 50035
Phone: 515-967-6564
www.heartlandgreyhoundadoption.org

Please Print Clearly

Name: _____ Occupation(s): _____

Co-applicant: _____ Occupation(s): _____

Address: _____ City/ State/ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

E-mail # 2: _____

Employer(s): _____

Age Group of Applicant: under 25 () 26– 35 () 36 – 45 () 46 – 55 () over 56()

1. How did you hear about Greyhounds for adoption? _____

2. Why do you want to own a Greyhound ? _____

3. What other pets do you have? If you own dogs, give their age, sex (are they neutered/spayed), and breed?

4. What pets have you had in the past? _____

5. Number of adults in household, and hours they are at home. _____

6. Children in household and their ages: _____

7. Dwelling type: Single family home () Apartment () 2-Family () Other ()

8. Do you own or rent?: _____ if you do not own the home, can you get a written note of permission from your landlord stating that you may have a Greyhound? Yes () No ()

9. Do you have a fenced-in yard? Yes () No () If yes, describe: _____

INVISIBLE FENCES ARE NOT ACCEPTABLE

10. Are there stairs in your home that the dog will need to go up and down? Yes () No ()

If yes please describe what type, location and how many. _____

11. Are you willing and able to take the dog outside to relieve itself AT LEAST 4 to 5 times every day in all kinds of weather? Yes () No ()

12. Please explain briefly how you feel about walking a dog on a leash AT ALL TIMES WHEN OUTSIDE AND NOT IN A COMPLETELY FENCED -IN AREA: _____

13. Do you promise to keep a collar, bearing identification, on the dog at all times, and further promise to notify Heartland Greyhound Adoption immediately if the dog should ever become lost? Yes () No ()

14. Do you understand that Greyhounds can not be chained and left outside.
Yes () No ()

15.. Are you fully aware of the fact that this dog's career as a racer is over, and that you will be unable to re-activate that career? Yes () No ()

16.. Have you carefully thought about your willingness and ability to financially care for your greyhound should he/she develop "special needs" and require medical attention beyond the regular and routine health checkups, shots and annual dental cleaning?

Yes () No ()

17.. Are you prepared to include your greyhound in your home as a family member by providing a soft, cushioned bed on which it can rest; an elevated dish where it can eat & drink; a crate for security when you're away; a warm coat for the greyhound to wear in cold weather; a few latex toys for it to play with; and a soft, gentle voice and hand to earn the greyhound's love and devotion?

Please initial rather than check: Yes _____ No _____

18. Are you prepared to obtain one of the two books required by Heartland Greyhound Adoption and to have read it prior to placement of your greyhound ? Yes () No ()

Retired Racing Greyhounds for Dummies by Lee Livingood

Adopting the Racing Greyhound by Cynthia Branigan

19. Veterinarian's name, address, and telephone number:

Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

20. PLEASE INITIAL THE "YES" OR "NO" ON THIS QUESTION, WITH YOUR INITIALS, YOU AGREE THAT THIS IS A CONTRACT BETWEEN YOU AND HEARTLAND GREYHOUND ADOPTION, AND, AS SUCH, IS BINDING. Do you agree to notify Heartland Greyhound Adoption if, for any reason, you find that you cannot keep your dog, and further agree that you will NOT GIVE OR SELL the dog to anyone else without Heartland Greyhound Adoption's expressed and written consent?

Yes _____ No _____

21. PLEASE INITIAL THE "YES" OR "NO" ON THIS QUESTION, WITH YOUR INITIALS, YOU AGREE THAT HEARTLAND GREYHOUND ADOPTION RESERVES THE RIGHT, AT ANY POINT DURING THE INTERVIEW PROCESS, TO DENY AN ADOPTION IF OUR REQUIRED CONDITIONS ARE NOT MET OR INFORMATION SUPPLIED IS FALSIFIED. Yes _____ No _____

22.. Please list two personal references that have know you for more than 2 years and are not related to you:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

23.. Do you understand that your ownership of this dog will be subject to the conditions set forth in this application, and that if the dog is judged to be kept in an unacceptable fashion by Heartland Greyhound Adoption, Heartland Greyhound Adoption is entitled to regain ownership of the dog? Yes () No ()

A SIGNATURE IS REQUIRED BY ALL ADULTS IF:

1) THERE IS MORE THAN ONE ADULT IN THE HOUSEHOLD, OR IF

2) THERE ARE OTHER INDIVIDUALS, OUTSIDE THE FAMILY UNIT, (ie. Boy/girlfriend;

fiancé/fiancée; Child/baby sitter, cleaning personnel, etc) WHO WOULD BE IN THE HOME DURING YOUR ABSENCE AND BE RESPONSIBLE FOR THE SAFETY OF YOUR GREYHOUND. It is important to the safety and well-being of your greyhound that these individuals understand the behavior of your dog and never to allow the greyhound out of doors unless in a fenced in area or on a leash for a walk. Upon your signing, you acknowledge reasonable care and safety requirements for this greyhound.

_____ Yes () No ()

_____ Yes () No ()

_____ Yes () No ()

_____ Yes () No ()

I HEREBY CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT AND THAT SUBMISSION OF THIS FORM WILL BE CONSIDERED LEGALLY BINDING.

Signature(s) of Applicant(s)

_____ Date _____

_____ Date _____

There is a \$10.00 non-refundable application fee required at the time this application is submitted. Upon approval of your application and placement of your greyhound, this \$10.00 fee will be applied toward the adoption donation of \$250 as stated in this contract. Please make your check payable to HEARTLAND GREYHOUND ADOPTION and forward to P.O. Box 342, Bondurant, IA 50035. Thank you!