



**gloh**w  
Greyhound Lovers of Hamilton-Wentworth

## ADOPTION APPLICATION

*When submitting this form, please include a completed copy of the "Membership Application" form if you are not currently a member*

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

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Why do you want to adopt an ex-racing greyhound? \_\_\_\_\_

\_\_\_\_\_

Do you have any preference regarding the dog's age, sex, colour? Yes No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

What other pets do you have? Type: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Are they spayed/neutered? \_\_\_\_\_

Where do they sleep? \_\_\_\_\_

Have you had other pets in your home in the past? Please name the breed, name, and years in your household, and reason for death or leaving: \_\_\_\_\_

\_\_\_\_\_

Have you ever returned a pet to a Humane Society or pound? If so, please give reason: \_\_\_\_\_

\_\_\_\_\_

Number of adults in your household: \_\_\_\_\_

Number of children in your household: \_\_\_\_\_ Ages?: \_\_\_\_\_

Are your children good with animals? \_\_\_\_\_

\_\_\_\_\_

Does anyone in your household have allergies? Yes No

Do you have a fenced-in yard? Yes No If yes, fence height: \_\_\_\_\_  
Type of fencing and condition: \_\_\_\_\_

If yard is not fenced, is there a fenced-in area nearby where you can regularly exercise your greyhound? Yes No Describe that area and its size: \_\_\_\_\_  
\_\_\_\_\_

If unfenced yard, are you willing and able to leash-walk your greyhound for its necessary bodily functions at least four (4) times a day? Yes No

Are you aware of the importance of keeping your greyhound on a leash at all times when outdoors in an area that is not fenced-in? Yes No

*Never tie your greyhound on a chain or tie out - It can literally break its neck!  
(42 miles per hour in 3 seconds from a standstill)*

Do you have someone who will care for your greyhound when you are away (e.g. vacation, business, etc.) Yes No

Approximately how many hours a day will your greyhound be home alone? \_\_\_\_\_

Describe the area in which you live: City Suburban Countryside

Where do you live? House Apartment Mobile Home Townhouse  
Other

***N.B.*** If you rent or lease you must have written permission from your landlord to have a dog.

Is your household busy or quiet ?

Who will be responsible for the care and training of your new greyhound?  
\_\_\_\_\_

Greyhounds are indoor pets. They cannot be kept in an outdoor kennel or dog house. Do you agree to keep your new pet as an indoor house pet? Yes No

Are you willing to use a crate to train your dog, if necessary? Yes No

Are you willing to use a collar tag for identification on your greyhound at all times?  
Yes No

If for any reason you are unable to keep your greyhound, will you agree to immediately notify GLOHW? Yes No

Will you allow home visitations after the adoption? Yes No

Are you willing to accept immediate and full responsibility for the ownership of your greyhound, including all health care costs and necessary obligations and responsibilities of owning a pet? Yes No

What type of canine personality / temperament do you think would best fit your household and lifestyle? \_\_\_\_\_  
\_\_\_\_\_

A greyhound's life expectancy is 12 to 15 years. Are you prepared to make such a commitment? Yes No

Do you plan to participate in any special activities with your greyhound (e.g. pet therapy, lure coursing)? Yes No What type of activity?: \_\_\_\_\_  
\_\_\_\_\_

Will you keep your greyhound as a pet and agree not to race or hunt with your animal? Yes No

Would you like to get involved with the operational aspect of GLOHW? Yes No

**References:**

Veterinarian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

Please list two references who have known you for more than two (2) years. If you do not have a veterinarian, list three (3) references. References cannot be family members.

Reference #1: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Reference #2: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Reference #3: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I (we) certify that all information on this greyhound adoption application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

**GLOHW Contact Information:**

Greyhound Lovers' of Hamilton-Wentworth  
Stonechurch Postal Outlet  
P.O. Box 32192  
Hamilton, Ontario  
L8W 3L3

**e-mail:** [adopt@glohw.com](mailto:adopt@glohw.com) or [glohw@glohw.com](mailto:glohw@glohw.com)

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