

GREYHOUND PET ADOPTION CAPE GIRARDEAU, MISSOURI

P.O. BOX 781 CAPE GIRARPEAU, MO 63702 WWW.GPACAPEMO.ORG INFO@GPACAPEMO.ORG

ADOPTION APPLICATION

Greyhound Pet Adoption wants both the greyhound and the greyhound owner to be happy. It is our goal to make the best possible match between the greyhound and their prospective adopter. The answers you provide on this application will assist us in finding a greyhound best suited for your particular home.

DATE:	
Note: If there is more than one adult in the household, each person must complete the information below.	
Applicant Name:	
Home Address:	
Phone:	
Applicant Age: Under 20 20-30 30-40 40-50 50-60 60-70 Over 70_	
Occupation:	
Employer:	
Work Address:	
Work Phone:	
Applicant E-Mail:	
Would it be possible to contact you at work? □YES □NO If so, what time?	
Co-Applicant Name:	
Phone:	
Co-Applicant Age:Under 20 20-30 30-40 40-50 50-60 60-70 Over 70_	
Occupation:	
Employer:	
Work Address:	
Work Phone:	
Co-Applicant E-Mail:	
Would it be possible to contact you at work? NES DINO If so what time?	

About You and Your Family

Total number	of adults living in	the hom	e?	Tota	al number of child	ren living in the hor	me?
Names and A	.ges* of children i	n the hon	ne?				
Names and Ages of children/grandchildren that regularly visit?							
Are your children/grandchildren knowledgeable about pets?							
Are there any	y family member	s unstea	dy on the	eir fee	or who have sp	ecial needs using	assistance such as a
wheelchair or	walker?	If so, plea	ase expla	iin			
							<u>proofing Your Dog</u> by Brian ecided upon a case-by-case
Have you or y	our family ever s	een or m	et a greyl	nound'	?		
Where?							
Are all applica	ants and family m	embers i	n total ag	reeme	nt with adopting a	retired racing grey	hound?
Your Home	е						
In which type	of area do you liv	e? (Circl	e one) Rı	ural / C	ity / Suburban / O	ther	
In which type	of home do you l	ive? (Circ	cle one) H	louse ,	/ Apartment / Tow	nhouse / Mobile Ho	ome
Do you own o	or rent? Ho	w long ha	ave you b	een at	your current addr	ress?	
If in an apartn		vners ass	ociation,	do you	ı have written perr	mission for a large	dog over 55
Prior to adopt	ion we will need t	o contac	t your lan	dlord/p	property manager,	please include na	me /phone number:
Are there inte	rior stairs in your	home?		How	 many?		
Are there interior stairs in your home? How many? How many?							
Are any fence	alterations/repai	rs neede	d?		·		
-	•						
Do you have	a swimming pool	?	L	.ake, p	ond or river in or r	near your yard?	
	e CURRENT pets					, , _	
Type/Breed*	Spayed/Neutered		Weight	Age	Personality**	Vaccines Current	Indoor or Outdoor

^{*}Type = dog, cat, bird, reptile, etc.
**Personality = shy, aggressive, friendly, dominant, submissive

Please list the PREVIOUS pets you have owned:

Type/Breed*	Spayed/Neutered	Gender	Weight	Indoor/Outdoor	Years owned	What happened to pet/ what age

If you need additional space to inform us about your previous pets, please attach another page.

On a scale of 1-5, please rate yourself:

Not very dog experienced 1 2 3 4 5 Extremely Dog Knowledgeable

Your Lifestyle				
Does your family antic	ipate any majc	or lifestyle changes in the	e next 12 months?	
(examples: retirement	, travel, new ba	aby, moving, new job/scł	nedule change)	
What is the activity lev	el of your hous	sehold? (Circle one) Qui	et / Moderately Active / Ac	tive / Very Active
What are the hours that	at an adult is h	ome during the day?		
How many hours per o	day will your gr	eyhound be left alone?		
Are there any rooms y	our greyhound	will not be allowed in?		
Where will your greyho	ound sleep at r	night?		
Most greyhounds are	2 to 5 years old	d when available to adop	ot. Would you consider add	opting a greyhound that is
to 9 years old? (Circle	one) Yes / No)		
What do you consider	valid reason fo	or giving up a pet? (Circle	e all that apply)	
Allergies	Divorce	High Expenses	Financial Problems	House Remodeling
Having a Baby	Illness	Job Relocation	Downsizing Home	New Marriage
Other				
Your Veterinarian	ı			
Name:				
Address:				
City, State. Zip				
Telephone:				
How long has your vet	terinarian been	treating your pet(s)? _		

6

We will be contacting your vet if you have pet(s) in your home currently.

Your References

Please list two references (not family members) that you have known for over three years.
1) Name:
Address:
City,State, Zip:
Phone:
2) Name:
Address:
City,State, Zip:
Phone:
1. Do you agree to always keep your greyhound on a leash or within a fenced area? SES SO
2. Do you intend for your greyhound to live in the house with you? SIES SIO
3. Do you agree to keep your greyhound exclusively as a house dog and agree to never use him/her for
commercial racing, breeding, laboratory research or anything other than as a family pet? ☐YES ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
4. Do you agree to keep a collar bearing identification on your greyhound at all times and to notify GPA Cape
Girardeau at once if your greyhound should ever get lost? ☐ ☐ NO
5. Do you agree to notify GPA Cape Girardeau if you cannot keep your greyhound and to never give your
greyhound to a pound, shelter or any other person or group without permission from GPA? YES YO
6. Do you agree to keep your greyhound on heartworm preventative and to keep your greyhound current
on all vaccinations? ☐NO
7. Do you agree to promptly answer a questionnaire on how your greyhound is doing? ☐ ☐ ☐ ☐ NO
I certify that the above information is true and complete.
Applicant Signature:
Date:
Co-Applicant Signature:
Date:

Please return this application to:
Greyhound Pet Adoption – Cape Girardeau, Missouri
P.O. Box 781
Cape Girardeau, MO 63702
ATTN: Adoption Committee

If you have any questions, please contact us: www.gpacapemo.org info@gpacapemo.org 573-334-7088 or 573-334-7088 fax (call first)