



2004

LINCOLN GREYHOUND ADOPTION PROGRAM PET GREYHOUND ADOPTION APPLICATION

NAME: _____ OCCUPATION _____

STREET ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE _____ HOME _____ WORK _____ CELL _____

1. Why do you want to own a pet greyhound? _____

2. How did you hear about our organization? _____

3. Do you prefer a male or a female greyhound? _____

4. What other pets do you have, if any? _____

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

6. Number of people in household _____ number of children and ages _____

7. Describe the area in which you live. City suburban rural

8. Dwelling type. Single family two family multifamily

9. Do you own your home? _____

If you answered no, do you have permission from your landlord and/or does your lease allow you to have pets?

10. Do you have a fenced in yard? (not a requirement) _____

11. Is there a fenced in area where you can exercise your pet greyhound once or twice a week? _____

12. Are you aware of the importance and reasons of keeping your greyhound on a leash/fenced in area?

13. Do you intend to keep your greyhound in the house? _____

14. If your greyhound will have to climb stairs, how many? _____

15. Are you willing and able to take your greyhound out at least 4 times a day to relieve themselves? _____

16. Do you promise to keep a collar bearing IDENTIFICATION on your greyhound and to notify LGAP if your greyhound should ever become lost or stolen? _____

17. Do you agree to notify LGAP if you find that you are unable to keep your greyhound and NOT to place your greyhound in a pound or give him/her to anyone else without the LGAP's consent? _____

18. Veterinarian/ or animal hospital's name, address, and phone _____

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Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_