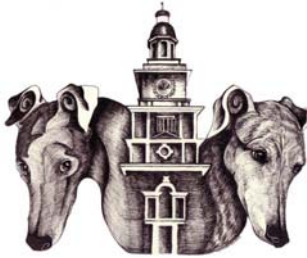




Philadelphia Greyhound Connection



Name _____ Co-Applicant _____

Address _____

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Best time to call: _____ Cell (____) _____

Work (____) _____ May we contact you at work if needed? YES NO

E-mail Address: _____@_____

Occupation/Employer (optional) _____

Number of people in your home _____ Ages (children only) and relationship _____

Your household activity level is (circle one): QUIET AVERAGE VERY ACTIVE

Is there anyone in your home with known allergies to dogs? _____

Would you object to a home inspection by a PGC, Inc. representative? YES NO

Describe the area in which you live (circle one): CITY SUBURBAN RURAL
HOUSE APT TOWNHOUSE OTHER _____

Do you (circle one): Rent Own If renting, landlords name and phone number: _____

Do you have a fenced-in yard? YES NO Type of fence (height, type, condition) (NO INVISIBLE FENCES)

If you do not have a fenced-in yard, are you committed to walk your Greyhound ON LEAD 3-5 times a day? YES NO

Are you aware of the importance of always keeping your Greyhound on a leash if not in an enclosed area? YES NO

How many hours will your Greyhound be home alone each day? _____

Where would your Greyhound be kept while you are not home? _____

Are you willing to crate your Greyhound during his transition into your home for as long as necessary? YES NO

Do you understand and agree that your Greyhound must always live in the home's living quarters (not the garage or unfinished basement) and cannot be kept in an outdoor kennel or doghouse? YES NO

Do you have any preferences regarding sex? MALE FEMALE DON'T CARE

Would you consider adopting a senior (6 or older)? YES NO Track injured Greyhound? YES NO Daily Medicated Greyhound? YES NO

Do you understand and agree that if you cannot keep your Greyhound for any reason, it is to be returned to PGC, Inc. without obligation on our part to refund any portion of the adoption fee? YES NO

Are you willing to accept immediate and full responsibility for ownership of your Greyhound, including all health care costs not covered by the adoption fee and all other responsibilities of pet ownership? YES NO

If your application is approved, when is the earliest date you would be able to take possession of your Greyhound? _____

Why do you want to adopt a Greyhound? _____

How did you hear about the Philadelphia Greyhound Connection, Inc. adoption program? _____

Do you currently have any dogs in your household? _____ Please list: (breed, age, sex)

Are they current on their vaccinations, i.e., rabies, etc. YES NO
Are they spayed/neutered? YES NO If no, why not? _____

Do you currently have any cats in your household? _____ Please list: (breed, age, sex)

Are they current on their vaccinations, i.e., rabies, etc. YES NO
Are they spayed/neutered? YES NO If no, why not? _____

Are they cats: HOUSE CATS OUTSIDE CATS Declawed: YES NO

What other pets are in your home? _____

Do you agree to provide yearly vet exams and up to date vaccinations: YES NO

Do you agree to use heartworm preventative all year? YES NO

Do you agree take your Greyhound to your own Veterinarian within two weeks of your adoption for a well check-up? YES NO

Have you ever returned a pet to an animal shelter/humane society? YES NO

If so, why? _____

Have you ever applied to another adoption group? _____

Was your application approved? YES NO If not, why? _____

REFERENCES

Our first check is with your veterinarian to confirm that your other pets are current on vaccinations and are receiving heartworm preventative medication.

Veterinarian's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Records are under what name: _____

We also require 3 personal references, e.g., neighbor, co-worker, dog trainer, pet sitter, etc. Please provide names and phone numbers:

- (1) _____
- (2) _____
- (3) _____

PLEASE READ CAREFULLY BEFORE SIGNING: I certify that I fully understand the above questions and all answers/information given are true and correct. I authorize my veterinary reference to release any and all information regarding services provided, or lack thereof, involving all animals in my care, past or present. I have enclosed with this application a \$50.00 processing deposit (DO NOT SEND CASH), which will be applied to the \$275.00 Adoption Fee if the application is approved. I understand and agree that if my application is rejected for any reason, I will receive a refund of \$50.00. I further understand and agree that if I do not go through with an approved adoption when informed that the dog is ready, the adoption process will be terminated and no refund will be made. (There is a \$25.00 returned check fee on ALL returned checks.)

Signature _____ Date _____

Co-Applicant Signature _____ Date _____

PGC, Inc. Adoption Representative Notes:
Date Received: _____
Cash _____ Check _____ MO _____
Notes:

**MAIL THE COMPLETED APPLICATION
ALONG WITH A \$50.00 CHECK TO:**
*Philadelphia Greyhound Connection, Inc.
2210 Murray Street
Philadelphia, PA 19115*