

THE GREYHOUND GANG OF FLORIDA, INC.



Adoption Application for _____

Applicants Name: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____ Occupation: _____

Do you own or rent this residence? _____ How long have you been at this address? _____

If renting, do you have your landlord's permission to have a large breed dog? _____

Landlord's Name: _____ Phone Number: _____

Will this dog be kept as an inside pet? _____ Are there stairs in your home? _____

Do you have a fenced in yard? _____ Fence Height: _____ Do you have a pool? _____

Number of children in the home: _____ Ages of Children: _____

Is there anyone in the home with special needs? (walker, wheelchair, etc.) _____

How many hours a day will your greyhound be alone? _____

Please list all current dogs:

Dog's Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: _____ Is this an indoor or outdoor pet? _____ Date of last vaccinations: _____

Is this dog currently on heartworm preventative? _____

Dog's Name: _____ Breed: _____ Age: _____ Sex: _____

Spayed/Neutered: _____ Is this an indoor or outdoor pet? _____ Date of last vaccinations: _____

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Spayed/Neutered: _____ Is this an indoor or outdoor pet? _____ Date of last vaccinations: _____

Is this dog currently on heartworm preventative? _____

Please list any additional dogs : _____

Name of Animal Hospital: _____ Phone Number: _____

Please Complete Both Sides of This Application

Please list all current cats:

Cat's Name: _____ Age: _____ Sex: _____ Spayed/Neutered: _____

Is this an indoor or outdoor pet? _____ Date of last vaccinations: _____

Cat's Name: _____ Age: _____ Sex: _____ Spayed/Neutered: _____

Is this an indoor or outdoor pet? _____ Date of last vaccinations: _____

Cat's Name: _____ Age: _____ Sex: _____ Spayed/Neutered: _____

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Cat's Name: _____ Age: _____ Sex: _____ Spayed/Neutered: _____

Is this an indoor or outdoor pet? _____ Date of last vaccinations: _____

Please list any additional cats: _____

Name of Animal Hospital: _____ Phone Number: _____

Please list any other pets: _____

If you do not currently have a dog, have you had one in the past? _____

Prior dog's name(s)/breed(s): _____

Previous Animal Clinic: _____ Phone Number: _____

Do you agree to keep your greyhound on a leash at all times when not in a fenced area? _____

Preferred Gender: _____

How did you hear about our group? _____

Would you be interested in becoming a foster home for other greyhounds? _____

I hereby certify that all of the information provided on this application is true and correct.

Signature: _____ Date: _____

This application can be given to a representative of The Greyhound Gang of Florida or it can be mailed to P.O. Box 1885, Seffner, Florida 33583. Once we receive your completed application we will verify your information and contact you to set up a home visit. This process usually takes 2-3 days.

813-684-4804 www.greyhoundgangfl.org greyhoundgangfl@hotmail.com