



5740 Heritage Dr, Niagara Falls, ON. L2J 3J8, Fax #905 354-0727, ngaxracer@gmail.com

Adoption Application

Niagara Greyhound Adoption Inc. (NGA) is a registered non-profit charitable organization dedicated to the purpose of finding responsible homes for retired racing Greyhounds. If you are interested in providing for one of these extraordinary creatures, please assist us in optimizing the placement process by furnishing the following information as honestly and completely as possible. A **non-refundable \$25.00 processing fee** is required with this completed application. If approved, this fee will be applied toward the total cost of the adoption. When you have completed the application, return it to the above address with a \$25.00 Cheque or Money Order made payable to **Niagara Greyhound Adoption Inc.** Upon receipt of your application and processing fee, you will be contacted for a home visit as soon as possible. Thank you for your interest in these wonderful pets.

Name(s): _____

Address: _____ City: _____ Postal Code: _____

Home Telephone: _____ Email Address: _____

Place of Employment: _____ Place of Employment: _____

Business Phone: _____ Business Phone: _____

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

How did you hear about the Greyhound Adoption Program? _____

Have you ever seen or met a Greyhound? Yes No

If Yes, provide details: _____

Check all that apply with respect to your home:

OWN

LEASE OR RENT

SINGLE FAMILY

MULTI-FAMILY

FENCED YARD

YARD NOT FENCED

OTHER _____

If you rent or lease your home, we are obliged to confirm with your landlord that a Greyhound would be permitted. If applicable, please provide:

Landlord Name(s): _____

Address: _____ City: _____ Postal Code: _____

Business Phone: _____ Business Fax: _____

Home Telephone: _____ Email Address: _____

Number of Adults in your household: _____ Number of children in your household: _____

Children

Sex: _____ Age: _____	Sex: _____ Age: _____	Sex: _____ Age: _____
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Are your children good with animals? **Yes** **No**

Please give reason: _____

Does anyone in your household have allergies? **Yes** **No** Type of Allergy: _____

How many other pets do you have living with you now? _____

Type: _____	Type: _____	Type: _____
Sex: _____ Age: _____	Sex: _____ Age: _____	Sex: _____ Age: _____
Spayed/Neutered: Yes No	Spayed/Neutered: Yes No	Spayed/Neutered: Yes No

Where do your pets sleep? _____

If you have no pets at this time, have you had pets in your home in the past? **Yes** **No**

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, SPCA or pound? **Yes** **No**

If **Yes**, please give reason: _____

Has any dog that was previously owned by you ever bitten or attacked another person? **Yes** **No**

If **Yes**, please explain: _____

Has any dog that was previously owned by you ever bitten or attacked another dog or animal? **Yes** **No**

If **Yes**, please explain: _____

Has any member of your family ever been bitten or attacked by a dog? **Yes** **No**

If **Yes**, please explain: _____

Do you have a fenced-in yard? **Yes** **No** If **Yes**, fence height: _____

Type of fencing: _____ Condition: _____

If yard is unfenced, 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**

Do you have someone who will care for your greyhound when you are away on vacation, business, Etc? **Yes** **No**

Approximately how many hours a day will your greyhound be home alone? _____ Hours

Describe the area in which you live: **C**ity **S**uburban **R**ural **I**ndustrial **C**ountryside

Type of dwelling? **H**ouse **A**partment **M**obile Home **T**ownhouse **C**ondo **O**ther

If Other please state: _____

Does your household have stairs? **Y**es **N**o

If **Y**es, describe how many flights and number of steps in each flight. _____

Is your household: **B**usy or **Q**uiet ?

Activity level: **N**o Activity **A** Little Activity **M**oderate Activity **V**ery Active

Do you anticipate any major lifestyle changes in the next year, such as a new job or changing jobs, retirement, extended travel, new baby, buying a house or moving, etc... ? **Y**es **N**o

If **Y**es, please explain: _____

Do you run a home based business? **Y**es **N**o

If **Y**es, please explain: _____

Who will be responsible for the **C**are, **F**eeding and **T**raining of your new greyhound? _____

Greyhounds are indoor pets. They cannot be kept in an outdoor kennel or doghouse. Do you agree to keep your new pet as an **indoor** house pet? **Y**es **N**o

Are you willing to use a crate? **Y**es **N**o

Are you willing to use a collar tag for identification on your greyhound at all times? **Y**es **N**o

If for any reason you are unable to keep your greyhound, will you agree to immediately notify NGA Inc?
Yes **N**o

Will you allow home visitations from a NGA representative after the adoption? **Y**es **N**o

A greyhound's life expectancy is 12 to 15 years. Are you prepared to make such a commitment?
Yes **N**o

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 **N**o

Do you plan to participate in any special activities with your greyhound (e.g. pet therapy, lure coursing)?
Yes **N**o If **Y**es what type of activity? _____

Will you keep your greyhound as a pet and agree not to race or hunt with your animal? **Y**es **N**o

Would you like to get involved with the promotional or volunteer aspect of NGA Inc.? **Y**es **N**o
Meet-n-Greets - Fostering - Home Visits - Fund Raising - Helping out at Functions - Etc...

How: _____

Are all members of the house hold in total agreement with this adoption? **Y**es **N**o

If **N**o - Please Explain? _____

Have you submitted an application to any other Greyhound Adoption agency? **Y**es **N**o

If **Y**es, please explain: _____

Veterinarian's Name: _____
Address: _____ City: _____ Postal Code: _____
Business Telephone: _____ Fax Number: _____
Email Address: _____

Please list 2 references that have known you for more than 2 years. References cannot be family members.

Reference #1:

Name(s): _____ Address: _____
City: _____ Postal Code: _____ Home Telephone: _____

Reference #2:

Name(s): _____ Address: _____
City: _____ Postal Code: _____ Home Telephone: _____

THE FINE PRINT

*Greyhounds must be considered "house dogs". They are comfortable where you are comfortable. In addition to the fact that most communities now have "leash laws", you will need to reconcile yourself to providing a fenced yard, or to walking the dog on a lead. Niagara Greyhound Adoption Inc. spays or neuters and provides a variety of vaccinations and other preventive measures prior to placement. However, we suggest that you discuss the special needs of Greyhounds with your veterinarian. Please provide the name and phone number of your veterinarian and, if possible, a letter of reference from him or her. If you do not have a veterinarian, ask any NGA representative for suggestions. As with most non-profit organizations, we depend on the generosity of people such as yourself. In the interest of the Greyhounds, NGA Inc. incurs considerable expenses, the total non-refundable adoption fee is \$500.00, please send a non-refundable processing fee of \$25.00 with this application. The balance of \$475.00 is due when a greyhound is received. If application is not approved **the processing fee is non-refundable.** I wish to adopt a retired racing Greyhound. I certify that I have answered all questions, and certify that all the information on this Greyhound Adoption Application is true and correct. I have read and understood THE FINE PRINT.*

Signature: _____ Date: _____
Signature: _____ Date: _____

NGA contact: Carl Grice
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