



National Greyhound Adoption Program

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ADOPTION APPLICATION

It is the policy of National Greyhound Adoption Program to assure that each person who adopts a dog not only be aware of that responsibility, but that each person will be capable of and willing to accept that responsibility morally, physically and financially. It is quite true that not every person who desires to own a dog, should own a dog.

The following questionnaire has been designed to aid both you and the Adoption Center in deciding if you and/or your family are indeed adequately prepared to assume the type of responsible ownership which we are endeavoring to assure for our adoptive dogs. The more information we obtain about your home and lifestyle, the better we can evaluate your needs and match a dog to suit your environment. If there is not enough space, please continue typing to add another line or attach another sheet of paper.

Applicant's Name:		Date:	
Co-Applicant's Name:			
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email Address:			
Occupation (Applicant):		Work Phone:	Age:
Occupation (Co-Applicant):		Work Phone:	Age:
What is the best time of day to reach you by telephone?			
If you have adopted dogs from NGAP before, please list their names and adoption numbers:			

GENERAL

1. How did you learn about us?
2. Why do you want a dog as a pet?
3. Have you ever applied to another adoption group? Please explain the outcome:

HOUSEHOLD/FAMILY INFORMATION

4. Number of adults in your household, and ages:
5. Number of children in your household, and ages:
6. **As a rule, children should never be left unattended with any dog.**
Are your children quiet and considerate with animals? Yes No
Are you willing to teach your children not to disturb a dog while it is eating or drinking? Yes No
Are you willing to teach your children not to trap a dog when it is trying to walk away? Yes No
Are you willing to teach your children not to bother a dog that has retreated to a 'safe haven', such as a crate, dog bed or alternate room? Yes No
Are you willing to carefully supervise all interaction between children and your dog? Yes No
7. Does anyone in your household have special needs or physical disabilities? If so, please describe:
8. Is anyone in your household allergic to dogs? Yes No
9. Is anyone in your household opposed to adopting a dog? Yes No
10. Is your house quiet or busy?
11. What type of dog personality/temperament do you think would best fit your household and lifestyle?

Applicant Name: _____

12. What is your preference regarding:	Age?	Sex?	Color?
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13. Approximately how many hours per day will your dog be alone?

14. Will your dog be exposed to children and/or pets outside of your household (i.e., at a relative's or friend's house, or visitors in your home)? Please list:

PETS

15. List all pets, along with their sex and age that are currently in your household:

16. Are your current pets spayed/neutered? Yes No

17. Where do your pets sleep?

18. Are your current pets current on their vaccinations? Yes No

19. Are your current dogs on Heartworm preventative? Yes No

20. Please list previous pets you have owned, the number of years in your household and reason you no longer have them:

21. Have you ever adopted an animal from another rescue group? Yes No
If yes, where is that animal now?

22. Did you ever return a pet to another adoption program, humane society or pound? Yes No
If yes, please give reason:

23. How are your pets contained while you are away or you are at work?

HOME ENVIRONMENT

24. Which best describes the area in which you live? City Suburb Country

25. Which best describes your home? Single House Condo Apartment/Multi-family building Other

26. If you rent or live in a multi-family building do you have permission to have a dog on the property? Yes No

Landlord's Name: _____ Phone #: _____

27. Is your yard completely fenced in? Yes No

Fenced? Yes Type of fencing and height:

Length and width of yard:

Type of gate and lock:

No gate

If you do not have a fenced in yard, is there a fenced area nearby where you can regularly exercise your dog?

Yes Please describe area:

No exercise area nearby.

If you do not have a yard, are you willing and able to leash-walk your dog 4 times a day? Yes No

OR

Are you willing and able to have your dog outside to play in a fenced area 4 times a day? Yes No

NEVER PUT A DOG ON A CHAIN RUN! IT CAN LITERALLY BREAK ITS NECK!

MISCELLANEOUS INFORMATION

28. Who will be responsible for the care and training of your new dog?

29. Do you travel much? If so, who will take care of your dog?

30. Do you agree to keep your dog on a leash when taken outdoors unless in a secure fenced-in area? Yes No

Applicant Name: _____

31. Will you comply with all laws and ordinances in your community regarding leashing, required vaccinations, and licensing?

Yes No

32. Our dogs must be kept indoors. They cannot stay in an outdoor kennel, dog house or garage. Do you agree to keep your new pet inside the home? Yes No

33. Do you agree to use a martingale collar at all times displaying a tag bearing your name, address and phone number, as well as its NGAP ID, Rabies Tag, & Microchip Tag? Yes No

34. Do you agree to give your dog heartworm preventative and have your dog tested annually? Yes No

35. Do you agree to vaccinate your dog annually for DHLPP/Corona, Bordetella, Lyme & Rabies as required? Yes No

36. Do you agree to maintain your dog's teeth as necessary for good oral health? Yes No

37. If the NGAP Adoption Center deems necessary, will you purchase a crate? Yes No

38. Are you willing to accept immediate and full responsibility for the ownership of your dog, including all health costs and necessary burdens that occur with pet ownership? Yes No

39. Can you commit to caring for your dog for its entire life? Yes No

40. If for any reason you are unable to keep your dog, will you agree to return it to NGAP? Yes No

PAYMENT INFORMATION

Method of Payment: Check Money Order Credit Card (we accept all major credit cards)

A deposit of \$150.00 must accompany this application with the balance payable at the time you receive your pet. PA Sales Tax, microchip fee and additional expenses will be calculated at pick-up.

Name as it appears on Credit Card: _____

Type of Credit Card and #: _____

Expiration Date: _____

Amount of Payment enclosed: \$ _____

With the completion and transmittal of this application, I hereby certify that all of the information submitted on the above Adoption Application is true and correct.

Applicant's Signature

Date

Applicant Name: _____

REFERENCE INFORMATION

NAME: _____

Current Veterinarian:		
Dr's. Name:		
Address:		
City:	State:	Zip:
Phone Number:		

PLEASE NOTIFY YOUR VETERINARIAN THAT WE WILL BE CALLING!

Please list at least two (2) references that have known you and your family for more than two (2) years. If you do not have a veterinarian at this time, please give us three (3) references. **At least one of your references should be a neighbor. REFERENCES CANNOT BE FAMILY MEMBERS!** Please be sure to give us valid phone numbers for your reference contacts. Failure to do this will delay the process. Also please notify your references that we will be calling. The call will take approximately 10-15 minutes.

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Best Time to Call (Between 9 -5):		

Name:		
Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
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