

James River Greyhounds — Adoption Application

P.O. Box 70811, Richmond, VA 23255 — (804) 527-3584 — jrg@jamesrivergreyhounds.org

Applicant

Name _____ Age _____

Email _____

Phone _____ Alternate Phone _____

Address _____

Employer _____ Title _____

Co-applicant

Name _____ Age _____

Relationship to applicant _____

Email _____

Phone _____ Alternate Phone _____

Household

Number of adults in your household? _____

Number of children in your household? _____

Pets in your household? *(check all that apply)*

- None
- Cats If yes, how many? _____
- Dogs - under 30 lbs If yes, how many? _____
- Dogs - 30 to 50 lbs If yes, how many? _____
- Dogs - over 50 lbs If yes, how many? _____
- Other animals *(please describe)* _____

Does anyone in your household have allergies? YES NO *(circle one)*

Type of residence? *(check one)* HOUSE TOWNHOUSE

APARTMENT DUPLEX CONDO

OTHER *(describe)* _____

Do you rent or own your residence? RENT OWN *(circle one)*

Do or will you have a dog door? YES NO *(circle one)*

Do you have a fenced yard? YES NO *(circle one)*

If yes, type _____ height _____

Greyhound Preferences

Do you prefer a male or female? MALE FEMALE *(circle one)*

What energy level are you looking for in a greyhound? HIGH MEDIUM LOW *(circle one)*

Is shedding a concern? YES NO (circle one)

Is noise a concern? YES NO (circle one)

When will you be ready to adopt? _____

Describe your ideal greyhound? _____

Caring for Your Greyhound

Where will your greyhound be kept during the day? _____

Where will your greyhound be kept at night? _____

How much time is available daily for exercising your greyhound? _____

How and where will you exercise your greyhound? _____

Every dog requires some ongoing training. Are you willing to train you greyhound to deal with problems such as jumping up? barking? pulling on the leash? YES NO (circle one)

Who will care for your greyhound when you go on vacation? _____

How do you feel about crate training? (check one)

- | | |
|---|--|
| <input type="checkbox"/> Experienced | <input type="checkbox"/> Familiar with it |
| <input type="checkbox"/> Need more information | <input type="checkbox"/> Uncomfortable with it |
| <input type="checkbox"/> Will never crate a dog | |

How will your life change by adopting a greyhound? _____

Under what circumstances would you have to give up your greyhound? (check all that apply)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Moving |
| <input type="checkbox"/> New baby | <input type="checkbox"/> Divorce |
| <input type="checkbox"/> Animal becomes ill | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Other (describe) _____ | |

Pet History

Have you previously owned a dog? YES NO (circle one)

Have you ever had a pet die at an early age or due to an accident? YES NO (circle one)

Describe other pets you have owned (include type/breed, sex, age, spay/neuter, and any other information you would like us to know for each pet.) _____

References

Veterinarian

Name _____ Phone _____

Contact #1

Name _____ Phone _____

Contact #2

Name _____ Phone _____

Contact #3

Name _____ Phone _____

Are you working with any other adoption groups? YES NO *(circle one)*

How did you hear about JRG? *(check all that apply)*

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Website |
| <input type="checkbox"/> Radio/TV | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Other <i>(describe)</i> _____ | |

Are you interested in volunteering with JRG in the future? YES NO *(circle one)*

If yes, check your areas of interest:

- | | |
|--|---|
| <input type="checkbox"/> Fosters | <input type="checkbox"/> Events |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Board/leadership |
| <input type="checkbox"/> Other <i>(describe)</i> _____ | |

Applicant's Signature

Date

Co-applicant's Signature *(if applicable)*

Date