

# *A Greyhound's Wish, Inc*

*Po Box 603 Hanover, MD 21076*

*443-623-5037*



With every Greyhound acquired from AGW you will receive a:

AGW Owner's Manual

AGW I.D. Tag

1<sup>st</sup> month Heartworm Treatment

1<sup>st</sup> month Frontline Top Spot Treatment

# A Greyhound's Wish Inc.

## PLACEMENT APPLICATION

Pet ownership is a serious responsibility. It is the policy of the A Greyhound's Wish, Inc. to assure that each person who adopts a Greyhound is not only 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 pet should own a pet. The following questionnaire has been designed to aid both you and A Greyhound's Wish, Inc. 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 our placed Greyhounds. If there is not enough space to fully answer each question, please attach an additional sheet for your responses.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ e-mail address \_\_\_\_\_

Occupation (Self): \_\_\_\_\_ Age: \_\_\_\_\_

Occupation (Spouse): \_\_\_\_\_ Age: \_\_\_\_\_

Business Phone (Self): \_\_\_\_\_ Business Phone (Spouse): \_\_\_\_\_

Where did you learn about our placement program? \_\_\_\_\_

1. Why do you want a Greyhound as a pet? \_\_\_\_\_  
\_\_\_\_\_

2. Do you have any experience with dogs or other animals? Yes \_\_\_ No \_\_\_

3. Do you have any preference regarding age, or sex? \_\_\_\_\_

4. What other pets do you have? Type: \_\_\_\_\_ Sex: \_\_\_\_\_  
Spayed/Neutered: Yes \_\_\_ No \_\_\_

5. Did you ever return a pet to a Humane Society or Pound? Yes \_\_\_ No \_\_\_

If yes, please give reason. \_\_\_\_\_

5a. Did you have other pets in your home previously? Yes \_\_\_ No \_\_\_

Please name the breed and # of years in your household: \_\_\_\_\_

5b. Have you ever adopted an animal previously? Yes \_\_\_ No \_\_\_

If so where is it now? \_\_\_\_\_

6. Number of adults in your household and ages: \_\_\_\_\_  
List children and their ages: \_\_\_\_\_

7. Do you have a fenced-in yard? Yes \_\_\_ No \_\_\_ Fence Height? \_\_\_\_\_  
Type of fencing? \_\_\_\_\_

If yard is not fenced, is there a fenced-in area nearby where you can regularly exercise your Greyhound? Yes \_\_\_ No \_\_\_ describe that area and its size: \_\_\_\_\_

**YOU CAN NEVER PUT YOUR GREYHOUND ON A CHAIN RUN - IT WILL LITERALLY BREAK ITS NECK!!!!**

8. Do you travel much? Yes \_\_\_ No \_\_\_  
If so, who will take care of your Greyhound? \_\_\_\_\_

9. Do you anticipate any major lifestyle changes in your household in the next year (i.e. new job or schedule changes, retirement, moving, new baby)? Please Specify: \_\_\_\_\_  
\_\_\_\_\_

10. Approximately how many hours a day will your Greyhound be home alone? \_\_\_\_\_

11. Describe the area in which you live: City \_\_\_ Suburban \_\_\_ Countryside \_\_\_

12. Do you live in a: House \_\_\_ Apartment \_\_\_ Mobile Home \_\_\_ Condo \_\_\_

13. If you rent or lease, do you have permission from your landlord to have a dog? Yes \_\_\_ No \_\_\_

14. Landlord's Name: \_\_\_\_\_ Landlord's Phone Number: \_\_\_\_\_

15. What is the best time to reach you by phone? \_\_\_\_\_

16. Is your household busy or quiet? \_\_\_\_\_

17. Who will be responsible for the care and training of your new Greyhound? \_\_\_\_\_  
\_\_\_\_\_

18. Are you able to let your Greyhound relieve itself at least 4 times a day? Yes \_\_\_ No \_\_\_

19. Are you aware of the importance of keeping your Greyhound on a leash? Yes \_\_\_ No \_\_\_

20. Greyhounds **MUST** live inside the home. They cannot be kept in an outdoor kennel or dog house. Do you agree to keep your new pet inside the home? Yes \_\_\_ No \_\_\_

21. Are you willing to keep a collar with tags bearing your name, address, phone number and the rescue's name, address and phone number on your Greyhound at all times? Yes \_\_\_ No \_\_\_

22. If, for any reason, you are unable to keep your Greyhound, will you agree to return it to this Placement Center? Yes \_\_\_ No \_\_\_
23. Are you willing to accept immediate and full responsibility for the ownership of your Greyhound, including all health care costs and necessary burdens and responsibilities of Owning a pet? Yes \_\_\_ No \_\_\_
24. Do you agree to give your pet Heart Worm preventative? Yes \_\_\_ No \_\_\_  
Are your present dogs on Heart Worm preventative? Yes \_\_\_ No \_\_\_
25. If AGW, Inc. believes it is necessary; will you purchase or rent a crate? Yes \_\_\_ No \_\_\_
26. What type of personality/temperament do you think would best fit your household and lifestyle? Couch potato \_\_\_ Running Partner \_\_\_ Moderately Active \_\_\_
27. Greyhounds live 12 to 15 years. Can you commit to caring for them for this period of time? Yes \_\_\_ No \_\_\_
28. Are you willing to allow a placement rep. to visit your place of residence? Yes \_\_\_ No \_\_\_

I understand that the greyhound has never been in a home before and will require my **time** and **patience** during the initial adjustment period. He/She may chew items, dig in the yard, or steal food off counters. He/She has never climbed up or down stairs and is also unfamiliar with windows and mirrors.

I understand that greyhounds cannot run loose because they are sight hounds and will instinctively chase any moving object regardless of the danger involved.

If I am approved for Greyhound placement, I agree that I will keep this Greyhound exclusively as a pet. I accept full responsibility for his/her care, releasing the previous owner as well as A Greyhound's Wish Inc. and its representatives from any future liability concerning this Greyhound. A fee of \$245.00 is required at the time of placement to help defray kennel and veterinarian expenses for all dogs prior to placement. I understand that my donation is non-refundable. The following medical services have been performed: spay/neuter heartworm test, rabies vaccination, DHLPP booster, as well as a general health check-up and grooming.

**AGW prefers all adopters to read the book "Retired Racing Greyhounds for Dummies"  
By Lee Livingood**

Signature (Applicant) \_\_\_\_\_ Date \_\_\_\_\_

Signature (Co-Applicant) \_\_\_\_\_ Date \_\_\_\_\_

REFERENCES

VETERINARIAN'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

*I have given permission to Dr. \_\_\_\_\_ to release information regarding the care I give to my animals.*

Please list two references that you have known for more than two years. If you do not have a Vet, list three references.

At least one of your references should be a neighbor. References cannot be family members.

REFERENCE 1

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NUMBER: (DAY) \_\_\_\_\_  
PHONE NUMBER: (EVENING) \_\_\_\_\_

REFERENCE 2

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NUMBER: (DAY) \_\_\_\_\_  
PHONE NUMBER: (EVENING) \_\_\_\_\_

REFERENCE 3

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE NUMBER: (DAY) \_\_\_\_\_  
PHONE NUMBER: (EVENING) \_\_\_\_\_

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