



ADOPTION APPLICATION



Greyhound Action League (GAL) of Buffalo, Inc.

214 Dean Road, Depew NY 14043

phone: (716) 867-9822 fax: (716) 685-9124

Email: izofawoman@gmail.com

www.greyhoundactionleague.com

Thank you for your interest in a greyhound. Please answer the questions as completely and honestly as possible. If approved, the Application will become a part of the Adoption Agreement. When you have completed the application, return it to the above address, email or fax. You will be contacted.

NAME _____ PHONE _____

STREET ADDRESS _____

CITY / STATE _____ ZIP CODE _____

EMAIL _____ HOW DID YOU FIND GALs? _____

Occupation / Employer _____

Why do you want to provide a home for a greyhound? _____

Name of adults in Home: _____ Ages of children: _____

Name of person(s) who will be the primary care-giver _____

List current pets and if they are spayed or neutered _____

How long would the dog be alone per day? _____

Will you provide and use a crate for the greyhound? _____

Circle applicable Own Home Lease/Rent Fenced Yard Single Family

Multiple Family Townhome/Condo Apartment Other: _____

If you rent or lease written permission must be obtained from your landlord and submitted with the application

VETERINARIAN NAME: _____ PHONE: _____

Please provide a letter of reference from your vet. If you do not have one GALs can make a recommendation

Reference (non-relation) - Name & Phone _____