



ADOPTION APPLICATION

Greyhound Action League (GAL) of Buffalo, Inc.
214 Dean Road. Depew NY 14043
(716) 867-9822
www.greyhoundactionleague.org

Thank you for your interest in a greyhound. Please answer the questions as completely and honestly as possible. The application if approved will become part of the Adoption Agreement. When you have completed the application, return it to the above address. You will be contacted for a home visit in the near future. Thank you for your interest.

NAME: _____ Email: _____

STREET ADDRESS: _____

CITY / STATE: _____ ZIP: _____

HOME PHONE: _____ WORK or CELL: _____

Occupation(s) / Employer (s): _____

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

Name of adults in the home: _____

Name & ages of children: _____

(Note that you will be asked to read the book *Child Proofing Your Dog* by Brian Kilcommons if you have young children.)

List other pets in the home and if they are spayed/neutered: _____

How long would the dog be alone per day? _____

Are you prepared to provide and use a crate for the greyhound? _____

Circle all that apply: Own Home Lease / Rent Fenced Yard Single Family

Multiple Family Townhome/Condominium Apartment Other: _____

If you rent/lease your home, 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 a vet ask a GAL representative for suggestions.)

Reference: Please list name, address & telephone number of a reference who is not a family member:

Signature: _____ Date: _____