

ADOPTION APPLICATION FORM

Thank you for your interest in adopting one of our wonderful retired greyhounds. To help us find your ideal companion please complete the form below.

Name:

Address:

Postal Address:

Telephone: Home..... Work..... Mobile.....

Email:

Please circle the relevant response

Age: 18-25yrs 26-35yrs 36-55yrs 56-70yrs 71yrs+

Are there children living with you? Yes No

If yes, what age(s)?

Type of residence: House Flat Other

Do you own or rent? Own Rent

If rented, do you have permission to own pets? Yes No

Do you have a fenced section? Yes No

What height is your fencing?

Where will your greyhound sleep at night? Inside Outside

Where will your greyhound spend most of their time?

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Will your greyhound be regularly left on its own during the day? If so, for how long?

.....

Please list all pets currently in your home, include all animals and birds that your greyhound may come into contact with. Please indicate age and sex of dogs and whether they are neutered:

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Do you have a cat/cats?..... Colour of cat/s

Is the cat an indoor or outdoor cat?

If you have poultry or rabbits etc, are they caged or free range?

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What is your reason for choosing a greyhound?

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Your preferences (Please indicate if you would like more than one dog):

Sex of dog: Male Female Either

Age: Under 3 yrs 3-5yrs 5yrs+

Temperament (circle all that apply):

Very active Active Playful Easygoing Sedate

Independent Protective Affectionate Shy Confident

Other:

Please add any information that might assist us in selecting the right greyhound for you:

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When will you be ready to adopt?

How did you hear about GAP?

Please send your completed form to Adoption Coordinator:

adoptions@gap.co.nz

or post to:

**National Applications & Home Check Coordinators
Kieran & Kelly MacDonald
3 Truscott Place
West Harbour
Auckland 0618**