



### 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 this form.

First Name\*: ..... Middle Name\*: .....

Last Name\*: .....

Partner's First Name: .....

Partner's Last Name: .....

Address (Street)\*: .....

Address (Suburb)\*: .....

Address (City)\*: .....

Address (Postcode)\*: .....

Postal Address (if different): .....

Phone (Home)\*: ..... Phone (Work):.....

Phone (Mobile):.....

Email\*: .....

Date of birth (required by local Council for dog registration)\*: .....

Are there children living with you? \*                      Yes                      No

If yes, please provide age(s):.....

\*indicates required field

Type of residence:    House                      Apartment                      Other

Do you own or rent?    Own                      Rent                      Other

Do you have a fenced section? \*    Yes                      No

What height (in metres) is the lowest part of your fencing: .....

Where will your greyhound sleep at night?

Inside the house    In an outside kennel    Other

Where will your greyhound spend most of their time?

.....

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

.....

### Current Pets

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:

.....  
.....  
.....

Do you have a cat/cats? \* .....

Colour of cat(s) .....

Indoor or outdoor cat(s)? .....

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

.....

\*indicates required field

What is your reason for choosing a greyhound?

.....  
.....  
.....  
.....

Preferred temperament (circle all that apply):

Active	Affectionate	Confident	Easygoing	Independent	
Placid	Playful	Protective	Sedate	Shy	Very Active

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

.....  
.....  
.....

When will you be ready to adopt: .....

Please help us find more homes for greyhounds by telling us how you heard about GAP: .....

Would you like to receive ongoing publication and information from GAP? \* Yes No

Please send your completed form to Adoption Coordinator:

[adoptions@gap.co.nz](mailto:adoptions@gap.co.nz)

or post to:

**Application & Home Check Coordinator  
Marie Southwood  
406C Barrington Street  
Spreydon  
Christchurch 8024**

\*indicates required field