



FIRST STATE GREYHOUND RESCUE, INC. ADOPTION APPLICATION FOR PREVIOUS FSGR ADOPTERS

APPLICANT:

Name _____
 Address _____
 City _____ State _____ ZIP _____
 County _____ Township _____
 Home Phone _____ Work Phone _____ Cell Phone _____ Email _____
 Age of applicant: _____ Occupation of applicant: _____ Age of co-applicant: _____ Occupation of co-applicant: _____

VETERINARIAN

If your existing and former pets have not been seen by a veterinarian on an annual basis, have not consistently received yearly vaccinations (excluding those with special medical issues) and have not had heartworm preventative on a consistent basis, do not apply to adopt from FSGR.

1. Do you have a current vet? () Yes () No Are your pet's records and immunizations updated on a consistent basis? () Yes () No

Name _____
 Address _____
 City _____ State _____ ZIP _____ Phone _____
 Email Address _____

How long has this been your veterinarian? _____ Is this veterinarian familiar with greyhounds? () Yes () No () Don't know

With my signature below, I, _____, hereby authorize my current and former veterinarian to release necessary records and information to FSGR for reference checking purposes.

Signed: _____ Date: _____
 Previous Veterinarian's Name _____ Address: _____
 City _____ State _____ ZIP _____ Phone: _____

How long ago was this your vet? _____

GENERAL INFORMATION:

- Are all family members in complete agreement about adopting a greyhound? () Yes () No () Not Sure
- Type of Residence: () Apartment () Condominium () Townhouse () Twin () Mobile Home () Single Family () Farm or Ranch
 Is your residence: () Urban () Suburban () Rural
- Do you: () Own or () Rent residence? If you rent, does the landlord allow dogs over 50 pounds? () Yes; () No. **If you rent, include a copy of the rental agreement or a letter from the landlord stating large dogs are permitted. Return the letter with this application.** Does your municipality or township restrict the number of dogs per household? If so, to how many? _____
 3A. Does your home have long staircases (more than 2-3 steps) that your greyhound will have to climb? () Yes; () No
- Do you have fenced in yard? () Yes () No What is the height of the fence? _____ What is the dimension of yard area enclosed by the fence? _____
 What is the type of fence? _____ Is the fence in good repair? () Yes () No
- Ages of persons under 18 with which your greyhound will regularly interact: _____
- What pet dogs do you currently own? State breed, age and number of dogs. How long have you had them? _____
- What is the gender of these dogs? () Female () Male Are any of these dogs territorial or "alpha"? () Yes () No
- Are they spayed or neutered? () Yes () No If no, why not? _____
- Are the dogs current with shots, including rabies? () Yes () No If no, why not? _____
- Do you own cats? () Yes () No How many? _____
- What other pets do you own? What are they? _____ How many? _____

GREYHOUND CONSIDERATION:

- Why do you want to adopt another greyhound? _____
- What gender of greyhound do you prefer? () Female () Male () No Preference
- What weight or size greyhound do you prefer? _____ () No Preference
- What age of dog do you prefer? _____ () No Preference
- What temperament would best suit your household/lifestyle? _____
- Would you consider adopting a dog aged 6 or older? () Yes () No A dog that was a brood bitch or stud? () Yes () No
- Would you consider a special needs (for example, lame, blind or partially blind, or daily-medicated, or track-injured) greyhound? () Yes () No
- Where will the greyhound spend the majority of its time? Please explain. _____
- How many hours each day will your greyhound be alone/unattended? _____
- When would you wish to adopt your greyhound? _____
- Do you understand that your adopted greyhound **MUST BE RETURNED TO THIS ADOPTION ORGANIZATION** if you are not able to keep it or maintain it in good health and comfort? () Yes () No

SIGNATURES

 Adopter

 Date

 Adopter

 Date

Approved for adoption: _____

First State Greyhound Rescue, Inc. Representative

 Date

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Please include a deposit in the amount of \$100.00 payable to **First State Greyhound Rescue, Inc.** with your application. The non-refundable deposit will be applied to the total adoption fee, which is \$285.00 for hounds under 7 years of age, and \$185.00 for hounds 7 years and older.*

Please return application and deposit check to any Adoption Representative noted below.

Berks County, PA

Deb Detterline
155 Texter Mountain Road
Wernersville, PA 19565
610.693.6027
deardet@comcast.net

Berks County, PA

Joe Bryner
211 Sanibel Lane
Wyomissing, PA 19610
610-670-2760
stillconfused@comcast.net

Lehigh Valley PA & North NJ

Christine Guth
511 Wild Mint Lane
Allentown, PA 18104
484-201-5756
gbink26@enter.net

New Jersey

Yvette Grometstein
12 Regency Way
Manalapan, NJ 07726
732.577.1862
kikig@optonline.net

Lancaster County, PA

Sean Gallagher
243 N. Marshall Street
Lancaster, PA 17602
717.392.7208
ezdc66@verizon.net

Lehigh Valley PA & North NJ

Ellen Link
1584 Surrey Road
Bethlehem, PA 18015
610.868.7442
matlink@verizon.net

Lehigh Valley

Jenn Rader
4212 Lynx Court
Orefield, PA 18106
484-707-2479
jdemlab73@yahoo.com

DELAWARE & MARYLAND

Christine Guth
511 Wild Mint Lane
Allentown, PA 18104
484-201-5756
gbink26@enter.net

* A \$25 returned check fee will be charged.
Revised 12/11/11