

Buffalo Greyhound Adoption, Inc.

P.O. Box 1096

Cheektowaga, New York 14225

(716) 873-1165



ADOPTION APPLICATION

Buffalo Greyhound Adoption, Inc. exists for the purpose of finding suitable homes for retired racing greyhounds. If you are interested in providing for one of these extraordinary creatures, please assist us in optimizing the placement process by furnishing the following information as honestly and completely as possible. When you have completed the application, return it to the above address. You will be contacted for a home visit as soon as possible. Thank you for your interest in these wonderful pets.

NAME: _____ OCCUPATION _____

STREETADDRESS: _____

CITY/STATE _____ ZIP: _____

PHONE Daytime: (_____) _____ Evenings (_____) _____

How did you hear about us? _____

Greyhounds must be considered "house dogs." They are comfortable where you are comfortable. In addition to the fact that most communities now have "leash laws," you will need to reconcile yourself to providing a fenced yard, or to walking the dog on a lead three to four times a day.

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

How many people live in your home? _____ Children's Ages _____

Please list the other pets in your home and indicate whether they are spayed or neutered: _____

How long would the dog be alone per day? _____

Check all that apply with respect to your home: Lease or Rent Own Fenced Yard
 Single Family Multi-family Other _____

If you rent or lease your home, we are obliged to confirm with your landlord that a greyhound would be permitted. If applicable,

LANDLORDS NAME: _____

ADDRESS: _____

CITY/STATE _____ ZIP _____ PHONE: _____

Buffalo Greyhound Adoption spays or neuters and provides for a variety of vaccinations and other preventative measures prior to placement. However, we suggest that you discuss the special needs of greyhounds with your veterinarian. Please provide the name and phone number for your vet and a letter of reference from him or her. If you do not have a vet, ask any BGA representative for suggestions.

VETERINARIAN NAME: _____ PHONE: (_____) _____

As with most non-profit organizations, we depend on the generosity of people such as yourself: In the interest of the greyhounds, we ask for a minimum donation of \$240. When we provide a dog, we incur a considerable expense. As such, YOUR DONATION IS NONREFUNDABLE. Please ask us how we use the donations we receive.

I wish to adopt a retired racing greyhound, and certify that I have answered all questions to the best of my knowledge and ability.

SIGNATURE: _____ DATE: _____

(Please feel free to use the back for additional comments or information.)