

Adoption Application



**Wheeling Island
Greyhound Adoption Center**
Greyhound Pets of America

Pet ownership is a serious responsibility. It is the policy of Wheeling Island Greyhound Adoption Center to assure that every person who adopts a Greyhound not only be aware of that responsibility, but that each person will be capable of and willing to accept that responsibility, morally, physically and financially. It is quite true that not every person who desires to own a pet should own a pet.

The following questionnaire has been designed to aid both you and Wheeling Island Greyhound Adoption Center in deciding if you and/or your family are ready for the responsibility.

Note: Applications are *generally* processed within 48 hours. Please refrain from filling out an application until you are ready to bring your Greyhound into your home.

Once you have completed this application e-mail to info@wheelinggreyhoundpets.org. Or mail to:

Wheeling Island Greyhound Adoption Center
1 South Stone Street
Wheeling, WV 26003

Visiting the Greyhounds available for adoption at Wheeling Island Greyhound Adoption Center is possible during the following times:

Sunday thru Saturday

7:30am – 11:00am

2:30pm – 5:00pm

6:30pm – 7:30pm

or by appointment: 304-231-1899

PLEASE NOTE: Greyhound Adoption Groups looking for dogs should call this number and leave a message: 304-231-1899. Your call will be returned as soon as possible.

Please be sure to fill out the application completely or we will not be able to process it. Thank you!

APPLICANT DETAILS

Primary Applicant Details

Date (MM/DD/YY): _____

| | | | | |
|----------------|--|---|-------|--------------|
| NAME | | EMAIL | | |
| PHONE | | PHONE TYPE? <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Office | | |
| ADDRESS LINE 1 | | | | |
| ADDRESS LINE 2 | | CITY | STATE | ZIP |
| EMPLOYER | | JOB TITLE | | OFFICE PHONE |

Secondary Applicant Details if Applicable

| | | | | |
|----------------|--|---|-------|--------------|
| NAME | | EMAIL | | |
| PHONE | | PHONE TYPE? <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Office | | |
| ADDRESS LINE 1 | | | | |
| ADDRESS LINE 2 | | CITY | STATE | ZIP |
| EMPLOYER | | JOB TITLE | | OFFICE PHONE |

RESIDENCE INFORMATION

| | |
|---|--|
| WHAT KIND OF RESIDENCE ARE YOU ADOPTING TO? <input type="radio"/> Owned House <input type="radio"/> Apartment <input type="radio"/> Rented House | HOW LONG HAVE YOU BEEN AT THIS ADDRESS? |
| IF AN APARTMENT OR RENTED HOME, DO YOU HAVE PERMISSION FOR A DOG OVER 50 LBS?* | |
| <input type="radio"/> Yes <input type="radio"/> NO | |
| LANDLORD'S NAME IF APPLICABLE | LANDLORD'S PHONE NUMBER IF APPLICABLE |
| DO YOU HAVE A FENCED YARD?*** <input type="radio"/> Yes = Height: _____ft _____in <input type="radio"/> No | POOL OR SPA ON PREMISES? <input type="radio"/> Yes <input type="radio"/> No |
| ARE YOU AWARE OF THE IMPORTANCE OF KEEPING YOUR GREYHOUND ON A LEASH OR IN A COMPLETELY FENCED AREA?*** <input type="radio"/> Yes <input type="radio"/> No | |

***Note:** Wheeling Island Greyhound Adoption Center requires a written letter from the landlord of the adopting household stating that they have his/her full permission to bring a Greyhound into their home.

****Please note, electric fencing is NOT acceptable!**

*****NEVER** keep your Greyhounds outdoors on a chain. It can break its neck!

HOUSEHOLD INFORMATION

| | |
|--|--|
| HOW MANY PEOPLE TOTAL LIVE IN YOUR HOME? | DOES ANYONE IN YOUR HOME HAVE ALLERGIES? <input type="radio"/> Yes <input type="radio"/> No |
| DO ALL MEMBERS OF YOUR HOUSEHOLD AGREE WITH THE DECISION TO ADOPT A GREYHOUND? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unsure | DOES ANYONE IN YOUR HOME HAVE MOBILITY ISSUES (WHEELCHAIR, WALKER, ETC.)? <input type="radio"/> Yes <input type="radio"/> No |
| ARE THERE CHILDREN LIVING IN THE HOME?* <input type="radio"/> Yes <input type="radio"/> No <i>If yes, are the children good with animals?</i> <input type="radio"/> Yes <input type="radio"/> No <i>If yes, please list the names and ages (use separate sheet if needed):</i> | |

* **Note:** Our general policy is not to place Greyhounds with children under 6 years old. Wheeling Island Greyhound Adoption Center strictly enforces the following requirements for families with a child or children under the age of 6:

- Along with reading one of our recommended books about adopting a retired racing Greyhound, WIGAC requires that you read "Childproofing Your Dog" by Brian Kilcommons.
- Families with a child or children under the age of 6 must have a fenced in yard.
- Every family who has a child or children under the age of six will go through at least one secondary screening and home visit.

GREYHOUND INFORMATION

| | |
|---|---|
| WHY DO YOU WANT A GREYHOUND? | HOW LONG HAVE YOU BEEN CONSIDERING THIS DECISION? |
| HOW DID YOU HEAR ABOUT OUR ORGANIZATION? | APPROXIMATELY WHEN WOULD YOU BE READY TO TAKE YOUR NEW GREYHOUND HOME? |
| WHAT PERSONALITY TRAITS ARE YOU LOOKING FOR IN A GREYHOUND? CHECK ALL THAT APPLY: <input type="radio"/> Playful <input type="radio"/> Lap Dog <input type="radio"/> Laid Back <input type="radio"/> Outgoing <input type="radio"/> Good with Kids <input type="radio"/> Quiet <input type="radio"/> Affectionate <input type="radio"/> Gets Along with Cats/Small Dogs | |
| ARE THERE TRAITS YOU WOULD CONSIDER UNDESIRABLE? | |
| DO YOU HAVE A PREFERENCE FOR A MALE OR FEMALE? <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> No Preference <i>If so, why?</i> | |

OTHER PETS & HISTORY

List the pets you *currently* have in your household (use separate sheet if needed):

| | | | |
|---|------------|---|--|
| NAME | AGE | GENDER <input type="radio"/> Male <input type="radio"/> Female | NEUTERED? <input type="radio"/> Yes <input type="radio"/> No |
| WHERE IS THE CURRENT PET KEPT? | | PERSONALITY TYPE <input type="radio"/> Shy <input type="radio"/> Assertive <input type="radio"/> Aloof <input type="radio"/> Friendly <input type="radio"/> Dominant <input type="radio"/> Territorial <input type="radio"/> Anxious | |
| TYPE <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____ | | VACCINES CURRENT? <input type="radio"/> Yes <input type="radio"/> No | |

| | | | |
|---|------------|---|--|
| NAME | AGE | GENDER <input type="radio"/> Male <input type="radio"/> Female | NEUTERED? <input type="radio"/> Yes <input type="radio"/> No |
| WHERE IS THE CURRENT PET KEPT? | | PERSONALITY TYPE <input type="radio"/> Shy <input type="radio"/> Assertive <input type="radio"/> Aloof <input type="radio"/> Friendly <input type="radio"/> Dominant <input type="radio"/> Territorial <input type="radio"/> Anxious | |
| TYPE <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____ | | VACCINES CURRENT? <input type="radio"/> Yes <input type="radio"/> No | |

| | | | |
|---|------------|---|--|
| NAME | AGE | GENDER <input type="radio"/> Male <input type="radio"/> Female | NEUTERED? <input type="radio"/> Yes <input type="radio"/> No |
| WHERE IS THE CURRENT PET KEPT? | | PERSONALITY TYPE <input type="radio"/> Shy <input type="radio"/> Assertive <input type="radio"/> Aloof <input type="radio"/> Friendly <input type="radio"/> Dominant <input type="radio"/> Territorial <input type="radio"/> Anxious | |
| TYPE <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____ | | VACCINES CURRENT? <input type="radio"/> Yes <input type="radio"/> No | |

| | | | |
|---|------------|---|--|
| NAME | AGE | GENDER <input type="radio"/> Male <input type="radio"/> Female | NEUTERED? <input type="radio"/> Yes <input type="radio"/> No |
| WHERE IS THE CURRENT PET KEPT? | | PERSONALITY TYPE <input type="radio"/> Shy <input type="radio"/> Assertive <input type="radio"/> Aloof <input type="radio"/> Friendly <input type="radio"/> Dominant <input type="radio"/> Territorial <input type="radio"/> Anxious | |
| TYPE <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____ | | VACCINES CURRENT? <input type="radio"/> Yes <input type="radio"/> No | |

Please note: Wheeling Island Greyhound Adoption Center will not approve any application where current pets are not spayed or neutered. In addition, WIGAC will require proof of current rabies vaccination for all dogs currently living in the home.

List the *previous* pets you have owned in the past 10 years (use separate sheet if needed):

| | | | |
|---|--------------------|--|--|
| NAME | YEARS OWNED | GENDER <input type="radio"/> Male <input type="radio"/> Female | NEUTERED? <input type="radio"/> Yes <input type="radio"/> No |
| TYPE <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____ | | WHERE WAS THE PREVIOUS PET KEPT? | |
| WHAT HAPPENED TO PET? | | | |

| | | | |
|---|--------------------|--|--|
| NAME | YEARS OWNED | GENDER <input type="radio"/> Male <input type="radio"/> Female | NEUTERED? <input type="radio"/> Yes <input type="radio"/> No |
| TYPE <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____ | | WHERE WAS THE PREVIOUS PET KEPT? | |
| WHAT HAPPENED TO PET? | | | |

| | | | |
|---|--------------------|--|--|
| NAME | YEARS OWNED | GENDER <input type="radio"/> Male <input type="radio"/> Female | NEUTERED? <input type="radio"/> Yes <input type="radio"/> No |
| TYPE <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____ | | WHERE WAS THE PREVIOUS PET KEPT? | |
| WHAT HAPPENED TO PET? | | | |

| | | | |
|---|--------------------|--|--|
| NAME | YEARS OWNED | GENDER <input type="radio"/> Male <input type="radio"/> Female | NEUTERED? <input type="radio"/> Yes <input type="radio"/> No |
| TYPE <input type="radio"/> Dog <input type="radio"/> Cat <input type="radio"/> Other: _____ | | WHERE WAS THE PREVIOUS PET KEPT? | |
| WHAT HAPPENED TO PET? | | | |

PREPAREDNESS

| | |
|---|---|
| WHO WILL BE THE PRIMARY CARETAKER? | HOW MANY HOURS WILL THE DOG BE LEFT ALONE DAILY, AND WHERE? Hours: _____ Location: _____ |
| ARE YOU WILLING TO SPEND THE TIME AND EFFORT REQUIRED TO ACCLIMATE THE GREYHOUND TO ITS NEW HOME? <input type="radio"/> Yes <input type="radio"/> No | ARE YOU WILLING TO CRATE YOUR GREYHOUND DURING THIS ADJUSTMENT PERIOD? <input type="radio"/> Yes <input type="radio"/> No |
| YOU COULD EASILY HAVE YOUR GREYHOUND FOR 12-15 YEARS. ARE YOU PREPARED TO ASSUME RESPONSIBILITY FOR THIS LONG? <input type="radio"/> Yes <input type="radio"/> No | ARE YOU AWARE THAT BASIC NEEDS FOR A GREYHOUND EXCEED \$500 PER YEAR? <input type="radio"/> Yes <input type="radio"/> No |
| DO YOU HAVE EXPERIENCE WITH DOG TRAINING? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, which training methods?</i> | WHAT WOULD YOU CONSIDER A VALID REASON TO GIVE UP YOUR GREYHOUND? CHECK ALL THAT APPLY: <input type="radio"/> Barking <input type="radio"/> Biting <input type="radio"/> Chewing <input type="radio"/> Destructive <input type="radio"/> Fleas <input type="radio"/> Moving <input type="radio"/> Having a Baby <input type="radio"/> Too Expensive <input type="radio"/> Too Rough with Children <input type="radio"/> Unable to House Train <input type="radio"/> Other: _____ |
| WHERE WILL THE GREYHOUND BE DURING THE DAY? | WHERE WILL THE GREYHOUND BE AT NIGHT? |
| HOW OFTEN DO YOU TRAVEL? | WHAT ARRANGEMENTS FOR PET CARE WILL BE MADE WHILE TRAVELING? |
| DO YOU EXPECT ANY MAJOR LIFESTYLE CHANGES WITHIN THE NEXT YEAR (NEW JOB, KIDS, SCHEDULE CHANGE, ETC.)? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, what are the details of the change?</i> | |

VET & EMERGENCY INFORMATION

Veterinarian Information

| | | | |
|---|------|-------|-----|
| NAME | | PHONE | |
| ADDRESS LINE 1 | | | |
| ADDRESS LINE 2 | CITY | STATE | ZIP |
| DO YOU CURRENTLY TAKE ANY PETS TO THIS VETERINARIAN? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, which pets and what name are the records under?</i> | | | |

Relative or friend we may contact in an emergency?

| | | | |
|----------------|------|-------|-----|
| NAME | | PHONE | |
| ADDRESS LINE 1 | | | |
| ADDRESS LINE 2 | CITY | STATE | ZIP |

REFERENCES

Please provide three references other than family.

Reference #1

| | | | |
|----------------|-------|--------------|-----|
| NAME | PHONE | RELATIONSHIP | |
| ADDRESS LINE 1 | | | |
| ADDRESS LINE 2 | CITY | STATE | ZIP |

Reference #2

| | | | |
|----------------|-------|--------------|-----|
| NAME | PHONE | RELATIONSHIP | |
| ADDRESS LINE 1 | | | |
| ADDRESS LINE 2 | CITY | STATE | ZIP |

Reference #3

| | | | |
|----------------|-------|--------------|-----|
| NAME | PHONE | RELATIONSHIP | |
| ADDRESS LINE 1 | | | |
| ADDRESS LINE 2 | CITY | STATE | ZIP |

AGREEMENTS

Do you agree to the following statements?

| | |
|---|--|
| Will use a martingale collar and will never tie dog outside. | <input type="radio"/> Yes <input type="radio"/> No |
| Will keep a Wheeling Island Greyhound Adoption Center ID tag on at all times. | <input type="radio"/> Yes <input type="radio"/> No |
| Will keep your greyhound's vaccinations and dental hygiene current. | <input type="radio"/> Yes <input type="radio"/> No |
| Will notify Wheeling Island Greyhound Adoption Center if the dog is lost or stolen. | <input type="radio"/> Yes <input type="radio"/> No |
| Agree to keep this greyhound solely as a pet, and agree never to use it for racing, hunting, or research/experiments. | <input type="radio"/> Yes <input type="radio"/> No |
| If unable to keep your greyhound, you promise to notify us and return it to us and not place it in a shelter or with anyone else without written permission from the Wheeling Island Greyhound Adoption Center president. | <input type="radio"/> Yes <input type="radio"/> No |
| Will allow us to make a home visit prior to placement of one of our greyhounds. | <input type="radio"/> Yes <input type="radio"/> No |

If I am approved for this Greyhound adoption, I agree that I will keep the Greyhound exclusively as a pet. I accept full responsibility for his/her care, releasing the previous owner as well as Wheeling Island Greyhound Adoption Center and its representatives from any future liability concerning this Greyhound All Greyhounds placed by Wheeling Island Greyhound Adoption Center have been spayed or neutered prior to adoption. A \$250 fee is required at the time of adoption to partially defray expenses.

BY SUBMITTING THIS FORM, I HEREBY CERTIFY THAT ALL THE INFORMATION CONTAINED HERE IS TRUE AND CORRECT.

Primary Applicant

| | |
|------------|-----------|
| PRINT NAME | SIGNATURE |
|------------|-----------|

Secondary Applicant

| | |
|------------|-----------|
| PRINT NAME | SIGNATURE |
|------------|-----------|