

**GREYHOUND PETS OF AMERICA / LOUISIANA & MISSISSIPPI**

EIN 72-1116042

**PERMANENT HOME APPLICATION**

PLEASE RETURN COMPLETED APPLICATION AND CHECK OR MONEY ORDER MADE PAYABLE TO "GPA/LA&MS"  
TO 25 PIPES LOOP, COVINGTON, LA 70435

IF THERE IS MORE THAN ONE ADULT IN THIS HOUSEHOLD, THIS APPLICATION MUST BE AGREED TO AND  
SIGNED BY ALL ADULTS.

Circle One Option:

Adopt **Foster Only** Foster with Intent to Adopt

Names of Adopter(s):

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Date of Application: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Adopter Business Number: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Street Address: (No P.O. Box)

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Adopter Cell Phone Number: (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

E-Mail \_\_\_\_\_

Address(es): \_\_\_\_\_

Next of Kin or Permanent Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about GPA? \_\_\_\_\_

Have you worked with any other adoption group in the last 6 months? \_\_\_\_\_

Do you have any other pets? **YES NO** (If yes, specify below type, size, age, sex and if will be in contact of  
greyhound)

Hours per day dog will be left alone: \_\_\_\_\_ How many adults live in household? \_\_\_\_\_

Do you have children? **YES NO** Number: \_\_\_\_ Ages: \_\_\_\_\_

Home ownership? **OWN LEASE RENT**

If you rent your home/apartment, do you have the permission of the landlord  
to keep an indoor pet of 50+ pounds? \_\_\_\_\_

Do you have an enclosed yard with a secure fence in which to exercise your dog? **YES NO**

Describe fence/yard or how you  
plan to exercise your dog: \_\_\_\_\_

Would you be willing to provide all or part of the transportation? **YES NO**

Please list previous dogs \_\_\_\_\_

**GREYHOUND PREFERENCES**

Sex: **MALE FEMALE NONE** Age if required or preferred: \_\_\_\_\_

Color: \_\_\_\_\_

Vet Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Location: \_\_\_\_\_

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By signing below, the adopter(s) acknowledge and agree to the following stipulations:

- 1 When outdoors, your greyhound MUST be kept on a leash or within a securely fenced area at all times.
- 2 Your greyhound should under NO circumstances be tied or chained outdoors unattended.
- 3 The adopter will provide the greyhound with required routine inoculations and necessary medications, as well as nationally acceptable veterinary health practices (i.e., rabies and other annual inoculations; heartworm testing and preventive medications; dental cleaning (as necessary); and periodic testing for intestinal parasites.
- 4 Agree to maintain the greyhound as a family pet, and not as a hunting or guard dog. The greyhound will not be used for research, blood donor, raced or coursed for money or used for any purpose other than a "house pet" unless herein outlined and approved by all parties.
- 5 Never transport the greyhound in the open bed of a vehicle, whether tethered or not.
- 6 Allow the inspection of the greyhound, and/or the premises upon which it is kept, for the purpose of verification of compliance with this agreement, at reasonable times and with reasonable notice, upon the request of any **GPA/LA&MS** Representative or officials of any Humane Society, Animal Control, or public service officer.
- 7 Notify **GPA/LA&MS IMMEDIATELY** should the greyhound be lost, stolen or deceased. **GPA/LA&MS** provide owners with a quickly mobilized recovery effort should the greyhound be lost or stolen. But time is of the essence!
- 8 Authorize the disclosure, by any veterinarian who has treated or attended this greyhound, of all information pertaining to surgical, medical and health care, to **GPA/LA&MS** or its designated representative upon written request.
- 9 If for any reason I am unable or unwilling to continue to provide appropriate care for this greyhound, I agree to contact **GPA/LA&MS** and without any payment or recompense thereto, surrender the greyhound into the care of **GPA/LA&MS** or its designated representative, and to deliver the greyhound to the place and person designated by **GPA/LA&MS**. At the time of such surrender, I agree to provide **GPA/LA&MS** with proof of the greyhound's medical status to prove the greyhound is "current" on inoculations and heartworm prevention; if I am unable to provide such certification, I agree to be financially responsible to the usual and customary costs of any necessary medical treatment. After surrender, I will have no further legal claim to the greyhound, and at the time of surrender, my liability for the animal will cease.
- 10 May not sell, give or by any method transfer the greyhound to another any person or group without the express, prior written permission of **GPA/LA&MS**.
- 11 Understand that failure to comply with the terms of this document will constitute just cause for the surrender of the greyhound to **GPA/LA&MS** or any humane society or animal control officer or police officer acting at the request of **GPA/LA&MS**. I agree to pay any fees associated with the enforcement of this document and/or any expenses associated with the proper maintenance of this animal caused by my failure to comply with the document's terms.

Signed and attested, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by the undersigned:

X _____	X _____
X _____	X _____
X _____	X _____

**WE HAVE BEEN BRIEFED ON THE FACTS RELATING TO GREYHOUNDS SENSITIVITY TO TEMPERATURE EXTREMES, EVEN CONDITIONS WHICH MAY SEEM ACCEPTABLE TO HUMANS IN THE SAME ENVIRONMENT ARE NOT NECESSARILY ACCEPTABLE TO GREYHOUNDS. THEREFORE, WE ALL UNDERSTAND AND AGREE THIS GREYHOUND IS AN "INDOOR PET" AND MAY NEVER BE TREATED AS A "YARD DOG."**

INITIALED BY: \_\_\_\_\_

PLEASE RETURN THIS COMPLETED APPLICATION TO "GPA/LA&MS" TO 25 PIPES LOOP, COVINGTON, LA 70435 WITH THE \$75.00 DEPOSIT, OF THE DEPOSIT, \$30.00 IS NON-REFUNDABLE, AS IT IS USED FOR EXPENSES ASSOCIATED WITH LOCATING A GREYHOUND FOR YOU AND PROCESSING THIS APPLICATION. NO FEES ARE REFUNDABLE ONCE **GPA/LA&MS** HAS OBTAINED A GREYHOUND FOR YOU, OR PLACED A GREYHOUND WITH YOU.

**THE TOTAL COST OF THE ADOPTION WILL BE \$250.00**

**PLEASE MAKE ALL CHECKS PAYABLE: GPA/LA&MS or  
PAY BY PAY PAL ON THE WEBSITE USING THE DONATE BUTTON**