

# Kindred Spirits Greyhound Adoption

6685 Reservoir Rd  
Clinton, NY 13323  
(315) 853-7256

6718 Bogusville Hill Rd  
Deansboro, NY 13328  
(315) 841-3432

[Adopt@kindredspiritsgreyhoundadoption.com](mailto:Adopt@kindredspiritsgreyhoundadoption.com)



## Adoption Application

**(Please print this out & then complete and mail to the above address)**

It is the policy of Kindred Spirits Greyhound Adoption to ensure that each person who adopts a Greyhound not only be aware of that responsibility involved in owning such a companion, but that each person will be capable and willing to accept responsibility, morally, physically, and financially.

**Pet ownership is a serious commitment!**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*\*\*\*E-MAIL ADDRESS: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Spouse's Occupation \_\_\_\_\_

Best time to call you at home: \_\_\_\_\_ Best time at work \_\_\_\_\_

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Greyhound's Name: \_\_\_\_\_ Rabies Tag # \_\_\_\_\_ Sex: \_\_\_\_\_

Color: \_\_\_\_\_ Right Ear #: \_\_\_\_\_ Left Ear #: \_\_\_\_\_

Sire: \_\_\_\_\_ Dam: \_\_\_\_\_ Whelp: \_\_\_\_\_

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Names & ages of children living in the household: \_\_\_\_\_

Are your Children good with animals? \_\_\_\_\_

Are you willing to educate yourself about the specific needs of this wonderful breed? \_\_\_\_\_

Where did you learn about us? \_\_\_\_\_

Why do you want to adopt a Greyhound? \_\_\_\_\_

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Where will your greyhound sleep at night? \_\_\_\_\_

Where will your greyhound be during the day or when you are not at home? \_\_\_\_\_

Approximately how many hours a day will your greyhound be home alone? \_\_\_\_\_

Do you have any other pets? \_\_\_\_\_ Please specify kinds and ages \_\_\_\_\_

Are these other pets house pets or do they strictly live outdoors? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_ What size? \_\_\_\_\_ Fence Height? \_\_\_\_\_

What type of fence is it? \_\_\_\_\_

If you have no fence, are you willing to walk your leashed greyhound 3-4 times daily? \_\_\_\_\_

**YOU CAN NEVER PUT YOUR GREYHOUND ON A "ZIP LINE" OR "TIE OUT" – IT CAN LITERALLY BREAK ITS NECK!**

Do you travel often? \_\_\_\_\_ If so who will take care of your Greyhound? \_\_\_\_\_

Do you live in a: Single family home, Apartment, Condo, Mobile home, other (specify) \_\_\_\_\_

If you rent or lease, do you have permission from your landlord to have a greyhound? \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

On a scale of 1-10 (10 being the highest) how would you rate your knowledge of dog behavior? \_\_\_\_\_

Who will be primarily responsible for the care and training of your new greyhound? \_\_\_\_\_

Are you aware of the importance of keeping your greyhound on a leash? \_\_\_\_\_

Greyhounds must live within the home! They cannot adequately be kept in an outdoor kennel or dog house! Do you agree to keep your new pet within the home? \_\_\_\_\_

Are you willing to keep a martingale collar and tag bearing your name, address and phone number on your greyhound at all times? \_\_\_\_\_

Are you willing to keep an additional tag provided by Kindred Spirits bearing our name address, and phone number on your greyhound at all times? \_\_\_\_\_

Do you agree to notify K.S.G.A. immediately if your greyhound becomes lost, stolen or deceased? \_\_\_\_\_

If for any reason, you are unable to keep your Greyhound, will you agree to return him/her to this adoption center- Kindred Spirits Greyhound Adoption? \_\_\_\_\_

Are you willing to accept immediate and full responsibility for the ownership of your new pet? \_\_\_\_\_

Do you know anything about Heartworm Disease in dogs? \_\_\_\_\_

Do you agree to give your greyhound Heart Worm Preventative as recommended by your veterinarian? \_\_\_\_\_

Are your present dogs on Heart Worm Preventative? \_\_\_\_\_ If not do you agree to do so? \_\_\_\_\_

Do you agree to use a Frontline or Advantage Flea & Tick Preventative as needed? \_\_\_\_\_

Are your present dogs on any form of Flea & Tick Preventative? \_\_\_\_\_ If not do you agree to do so? \_\_\_\_\_

Did you have pets in your home previously? \_\_\_\_\_ If so, please give breed, name, years in household and reason for leaving: \_\_\_\_\_

Have you adopted an animal previously? \_\_\_\_\_ If so, where is it now? \_\_\_\_\_

Who was your veterinarian? \_\_\_\_\_ Vet's Phone Number \_\_\_\_\_

Do you give K.S.G.A. permission to talk to your previous vet for a referral? \_\_\_\_\_

**Please call your veterinarian(s) in advance and give them permission to talk to us!!**

What type of personality and/or temperament do you think would best fit your household and lifestyle?  
\_\_\_\_\_

Are you aware of the fact that a greyhound is a sight hound and will chase anything – a cat, a squirrel, leaves blowing, or even a plastic bag; and therefore.....

Must **always** be kept on a leash when not in a fenced area!!!!!! \_\_\_\_\_

I understand that K.S.G.A. does not permit adopters to use an electric fence \_\_\_\_\_

Are you aware that a Greyhound can't be left outdoors for long periods of time because of its thin skin and can't be put on a run because it will cause serious injury or even death? \_\_\_\_\_

Are you willing to bring your greyhound to your veterinarian annually for its routine inoculations? \_\_\_\_\_

Do you agree to adhere to your city's or town's licensing requirements? \_\_\_\_\_

Do you agree to keep the greyhound solely as a pet, and never attempt to race or sell him/her into research? \_\_\_\_\_

Are you aware that the ( ) adoption fee due at the time of adoption is NON-REFUNDABLE? \_\_\_\_\_

Are you aware of the fact that the greyhound has never lived in a house before and may need up to three months to adjust to its new surroundings? \_\_\_\_\_

**Please call K.S.G.A. for guidance of any questions you may have! References:**

Veterinarian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**I, \_\_\_\_\_, give permission for the above named veterinarian, and any subsequent veterinarians that my K.S.G.A. greyhound may visit, permission to release said greyhound's medical records to a representative of Kindred Spirits Greyhound Adoption.**

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-owner/spouse's signature)

Please list two references that you have known for more than two years. The first one should be the name of a close friend or relative who could take a message if we are unable to contact you in case of an emergency situation such as reporting a lost dog being found.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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I understand that in order to complete the processing of this application, a visit to my home will be scheduled by a representative of the adoption program. By submitting this application, I agree to such a scheduled visit, including additional requested follow-up visits

I certify that all information on the Kindred Spirits Greyhound Adoption Application is true and correct.

I take possession of this Greyhound with the understanding that it is to be kept solely as a pet. I will keep K.S.G.A.'s identification tag on the dog at all times and will notify K.S.G.A. if this dog is ever lost, stolen or deceased. If circumstances prevent me from keeping this dog, I will contact K.S.G.A.. I will **NOT** give this Greyhound to anyone without K.S.G.A.'s knowledge and consent. I accept full responsibility for its care, releasing the previous owner as well as K.S.G.A. and its representatives of any liability from this date forward.

I understand that Kindred Spirits Greyhound Adoption will **REPOSSESS** this Greyhound if adoption conditions are violated or if the Greyhound is mistreated in any way.

**I fully understand and accept the terms of this agreement.**

Signature of Adopter: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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K.S.G.A. Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Geyhound Adopted: \_\_\_\_\_

Date of Placement: \_\_\_\_\_

**Thank you for adopting a retired racing greyhound. Greyhounds make wonderful companions and will give you years of enjoyment and love!!**