ADOPTION APPLICATION FORM

GREYHOUND ADOPTION PROGRAM - SA
55 Cardigan Street, Angle Park SA 5010
✉ PO Box 2352, Regency Park SA 5942 ☎ Ph: (08) 8243 7124 🖷 Fax: (08) 8268 2870

Thank you for your interest to adopt and share your home with a retired greyhound. In order to ensure compatibility with your intended companion, we ask that you fill in the following confidential questionnaire.

Please print in BLOCK LETTERS.

Applicant Details

Surname: _____

Given Name(s): _____

Address: _____

_____

Postal Address: _____

Contact Details

Telephone: Home: _____ Work: _____

Mobile: _____

Email Address: _____

Details of Residence *(Please tick the appropriate box)*

Residence Type: ☐ House ☐ Caravan ☐ Flat / Unit ☐ Other:

If Other - Please list _____

Are you living in: ☐ Your Own Premises ☐ A Rental Property

If renting, do you have permission to own pets? ☐ Yes ☐ No

If ***YES:*** Do you have any other pets living at the residence? ☐ Yes ☐ No

If ***YES:*** Please list all pets including: species, breed, age and sex.

_____

_____

_____

If ***NO:*** Would you be willing to seek permission to own a pet greyhound? ☐ Yes ☐ No

What kenneling/accommodation would be available for your pet greyhound? _____

_____

Do you have any children living with you? ☐ Yes ☐ No

If ***YES***: What are their ages? _____

What time are you likely to spend with your greyhound?

☐ All day

☐ Evenings only

☐ A few hours each day _____ *Approx. Hours?*

Continued overleaf…

Other Information

Please add any additional information that may assist us in selecting the right greyhound for you.

Your reasons for choosing a retired greyhound.

How did you hear about GAP?

Upon receipt of your application we will contact you to verify your details and answer any questions you may have regarding GAP and/or your prospective new family member. Please feel free to list any concerns or questions, etc, you have below, so the GAP representative can discuss with you at this time.

Signature of Applicant: (please sign and date your application)

Signature: _____ Date: / /

Applications can be posted, emailed or faxed to the following:

Postal Address:
GAP
PO Box 2352
Regency Park SA 5942

Fax: (08) 8268 2870

For online applications visit: http://www.gapsa.org.au/application.php

SA GAP Committee / Office Use Only

Received by: _____ Date Received: / /

Co-ordinator Recommendations: _____