



ADOPTION APPLICATION

Fee: \$ _____ Owner's Manual ____ RVC: ____ Follow up: 7 Days _____ 30 Days _____

RELEASE OF RESPONSIBILITY

The Greyhound (Registered/Racing Name) _____,

with right ear tattoo _____ and left ear tattoo _____,

Color/Markings: _____ SEX: M F

AZgreyhounds TAG # _____ MICROCHIP _____

is the sole responsibility of the new owner, as indicated below. The Adopter releases and holds harmless AZgreyhounds, Inc., it's representatives, and volunteers from any liability associated with the Greyhound, including, but not limited to, any claims for property damage or personal injury caused by the Greyhound.

Date _____

Adopter _____

Sign/Print

AZgreyhounds _____

Representative

Sign/Print

Name: _____ Phone: () _____

Address: _____

City/State: _____ ZIP _____

Occupation: _____

Email Address: _____

YES NO

() () Do you have a completely fenced yard or area for your Greyhound?
Type & Height: _____

YES NO

- () () I agree to home visits by the AZgreyhounds to check on my Greyhound. If AZgreyhounds feels the care and/or safety of the dog is in question, I agree to return the Greyhound to AZgreyhounds.
- () () I understand that Greyhounds are indoor pets and whenever outside of a fenced area, they MUST be kept on a leash.
- () () I understand there may be a period of adjustment for a recently placed Greyhound, and I have the time and patience to work with the Greyhound in making this adjustment.
- () () If you rent or lease your home, do you have permission from your landlord to adopt?
- () () Do you agree to keep a collar on your Greyhound at all times with a tag identifying it as an adopted Greyhound?
- () () Do you agree to notify AZgreyhounds immediately if your Greyhound ever becomes lost?
- () () Do you agree, if for any reason you must give up the dog, to return your Greyhound to AZgreyhounds?
- () () Do you agree to NEVER place your Greyhound in a pound, humane society, or research facility?
- () () Do you agree to NEVER resell your Greyhound?
- () () Do you agree to NEVER euthanize your Greyhound unless, as determined by a licensed veterinarian, and in coordination with AZgreyhounds, it is medically necessary for humane reasons?
- () () Do you agree to keep your Greyhound as a house pet, and to never use it for racing, wagering, or hunting or research?
- () () Do you have children? Ages: _____
If employed outside the home, hours away from home: _____
- () () Do you have any other pets? Please describe: _____

I understand that the Greyhound I adopt may have pre-existing medical conditions and that if known, I will be advised by AZgreyhounds of these conditions and required treatment, and I agree to comply with any medical treatment required by a veterinarian .

The Greyhound being placed by AZgreyhounds has been neutered/spayed, teeth cleaned, vaccinated as necessary, and been given a general physical by a licensed veterinarian in the state of Arizona.

The adopter has read and agreed to the terms stated above, and by signing below states that he/she will abide by such agreement. _____

Adopter's initials

I certify the above information is correct, and that if I qualify and receive a Greyhound from AZgreyhounds, I accept full responsibility for the health and welfare of that Greyhound.

Signature: _____ **Date:** _____

THE DONATION FEE PROVIDED BY YOU IS TO A NON-PROFIT ORGANIZATION AND IS NOT REFUNDABLE.