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| --- | --- |
|  | Adoption Application Form |

The following questionnaire will help us to understand you, your lifestyle, your family circumstances, etc. which will enable us to find the most suitable homes for retired greyhounds – Please answer all questions fully.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  | Eircode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

## References

Could you please describe where you live? (City/Countryside – House/Flat):

Number of greyhounds which you are in a position to Adopt:

## Household Members:

|  |  |
| --- | --- |
| Number of Adults in your Household:  |  |
| What are your typical working hours |  |
| Approximately how often and for how long will your dog be left on its own? |   |
| Number of Children in Household:  |  |
| Ages of Children: |  |
| Have your children experience of being in the company of greyhounds? |

|  |  |
| --- | --- |
| YES[ ]   | NO[ ]  |

 |
| Are all family members open to the idea of adopting a greyhound? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |

## General

|  |  |  |  |
| --- | --- | --- | --- |
| Are you interested in adopting a male or female greyhound? |

|  |  |
| --- | --- |
| Male[ ]  | Female[ ]  |

 |
| Do you have an age preference? |  |
| Are there other pets in your household? If so, please describe |  |
| Have you previously owned a greyhound? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| Have you knowledge of what is involved in looking after a greyhound?  |  |
| Have you a fully enclosed garden? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| How big is your garden? |  | Height & Type of Fencing | Less than six feet high |  |
| More than six feet high |  |
| Are you prepared to exercise your greyhound twice daily for 20minutes? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

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| Are you fully aware of the importance of keeping your greyhound on a lead at all times – or to train in a garden or closed area until you are 100 % sure that he/she will respond to you when called? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| Do you commit to keeping your adopted greyhound solely as a companion/pet? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| Do you understand and agree with the fact that your greyhound must live with you in your home? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| Where will he / she sleep?  |  |
| Are you willing to permit RCÉ welfare officers to visit your home to see the environment in which your greyhound (s) are kept? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| Are you aware that some greyhounds you might receive may not be housetrained and will require house training? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| Are you prepared to take on full responsibility for your greyhound, including vet costs (yearly vaccinations, regular worming, dental care, etc.), care, food and other related expenses?  |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| Are you also prepared to accept the legal and financial obligations faced by all dog owners? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| Do you understand and agree with the fact that if you were unable to keep the greyhound the IRGT would have to be notified immediately in order to make alternative arrangements for your greyhound? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

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| Should your application be successful, how soon could you welcome your new pet? |  |
| Have you plans in place for someone to care for your greyhound when away on holidays/trips? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |
| If answered yes to the above, What are these plans? |  |

**Could you please provide contact details of the vet who will look after your dog?**

|  |  |
| --- | --- |
| Veterinary Practice Name  |  |
| Address:  |  |
| Contact Number: |  |
| Are you willing to permit the IRGT to contact this Veterinary Practice? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

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## Disclaimer

I , fully understand the importance of this questionnaire, and I

confirm that all the information which I have provided is true and accurate.



**Please send completed questionnaires to:**

**Joanne Murray/Paul Dennehy**

**C/O Rásaíocht Con Éireann / Greyhound Racing Ireland, Greenpark, Dock Road, Limerick. V94 Y17X**

**or email to: IRGT@grireland.ie**