

# All About Hounds

P.O. Box 949, Smyrna, TN 37167

[allabouthounds@yahoo.com](mailto:allabouthounds@yahoo.com)

[www.allabouthounds.org](http://www.allabouthounds.org)



Date \_\_\_\_\_

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Please list the breed, sex, and age of any other pets that will be living in your home with the greyhound.

\_\_\_\_\_  
\_\_\_\_\_

Approximately how many hours per day are your pet(s) home alone? \_\_\_\_\_

Where do your pets spend their time when you are not at home? \_\_\_\_\_

\_\_\_\_\_

Do you have any pets that live outdoors? \_\_\_\_\_

Are your current pets spayed and/or neutered? \_\_\_\_\_

Are their vaccines up-to-date? \_\_\_\_\_

Do you protect your pets with heartworm and flea preventatives? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_ What is the fence height? \_\_\_\_\_

If not, is there a fenced in area nearby where you can regularly exercise your greyhound? \_\_\_\_\_

Describe that area. \_\_\_\_\_

If not, are you willing and able to leash-walk your greyhound for necessary functions at least four times day?

\_\_\_\_\_

Do you own your home or rent? \_\_\_\_\_

If you are renting, do you have written permission from your landlord to own a dog over 50 pounds? \_\_\_\_\_

Other than those listed above, do any other adults live in your home? \_\_\_\_\_

Please list. \_\_\_\_\_

How many children live in the home? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Will you keep an identification tag or ID collar, bearing your name, address and phone number, on your greyhound at all times? \_\_\_\_\_

Are you willing to accept immediate and full responsibility for the ownership of your greyhound, including all health care costs and necessary burdens and responsibilities of owning a pet? \_\_\_\_\_

Do you have financial concerns that may prevent you from offering your pet all necessary veterinary care? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

Have you contacted any other greyhound adoption groups? \_\_\_\_\_ Have you completed the application process with them? \_\_\_\_\_ What group? \_\_\_\_\_

When would you like to adopt? \_\_\_\_\_

Please share any information about yourself that might be helpful to us when considering your application.

\_\_\_\_\_  
\_\_\_\_\_

Please list the best time to contact you to discuss our adoption program. \_\_\_\_\_

**REFERENCES:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Please list two references that you have known for more than two years. If you do not have a vet, please list 3 references.

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

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

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

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

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

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

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

By checking this box, and typing your name below, you certify that the information on this application is true and correct.

Signature(s): \_\_\_\_\_

**Please mail application along with your \$50 deposit to AAH, P.O. Box 949, Smyrna, TN 37167 or email to [allabouthounds@yahoo.com](mailto:allabouthounds@yahoo.com).**