



Application Received By: \_\_\_\_\_

- In Person
- By Mail
- By Fax

Received By (Initials) \_\_\_\_\_

Date \_\_\_\_\_

## DAIRYLAND GREYHOUND PARK GREYHOUND ADOPTION APPLICATION

Pet ownership is a serious responsibility. It is the policy of the Wisconsin Division of Gaming, and Dairyland Greyhound Park to assure that each person who adopts a greyhound not only be aware of that responsibility, but that each person will be capable of and willing to accept that responsibility morally, physically and financially. Not every person who desires to own a pet should own one.

The following questionnaire has been designed to aid you and Dairyland Greyhound Park's Adoption Center in deciding if you and your family are indeed adequately prepared to assume the type of responsible ownership which we are endeavoring to assure for our adoptive Greyhounds. Please complete this Adoption Application and return it to Dairyland Greyhound Park's Adoption Center.

(PLEASE PRINT)

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

Spouses's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(If Married)

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

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

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

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Shift: \_\_\_\_\_ Hours: \_\_\_\_\_ Days They Work: \_\_\_\_\_

**Families who are considering adopting a greyhound should consider the following:**

- ❖ Do not leave children unattended with any dog.
- ❖ No pulling on ears, tails or any part of dog.
- ❖ No poking at eyes or mouth.
- ❖ Never disturb your dog while it is sleeping or eating.

The above ground rules exist for all dogs coming into a new environment not exclusively to greyhounds.

Your greyhound will respect you and your child if you and your child respect your greyhound.

1) Numbers of Adults in your household: \_\_\_\_\_

2) Number and ages of children in your household:\_\_\_\_\_

3) If applicable, the number and ages of grandchildren: \_\_\_\_\_

4) Describe the area in which you live:  City  Suburban  Urban

5) Do you live in a:  House  Apartment  Mobile Home  Condo

6) Do you:  Own your home  Rent

7) If you rent or lease, do you have written permission from your landlord?

Please list landlord's name, address and phone.

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

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

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

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

8) Is your yard completely fenced in?  Yes  No

If yes, please note the approximate size of the fenced in area, height and type of fencing materials.

\_\_\_\_\_

If your yard is not fenced, would you fence all or part of it as a condition of adoption?

Yes  No Size of area you would fence, if answer is yes \_\_\_\_\_

If your yard is not and would not be fenced, what sort of exercise would greyhound get? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9) How would you describe your household? (Circle appropriate phrases)

- a) very quiet
- b) rather easy
- c) average
- d) lots of activity
- e) often gone in the evenings and/or weekends
- f) other

10) In addition to a regular life at home, would your ideal greyhound: (circle appropriate phrases)

- a) jog with a family member
- b) walk with a family member
- c) go to your place of business with you
- d) be a playmate/companion for your children

11) Who would be responsible for the care and training of your new greyhound? \_\_\_\_\_

12) Why do you want a Greyhound as a pet? \_\_\_\_\_

13) Do you have any preference regarding age, sex or color? \_\_\_\_\_

14) Would you be willing to provide a home for a Greyhound with a minor physical impairment such as a slight limp? \_\_\_\_\_

15) Occasionally, a Greyhound with special needs (physical restrictions or an unusual personality or preferences) is available for adoption. Would you be interested in being considered for such a "special" dog?

- Yes       No

16) Are you willing and able to modify your daily schedule to accommodate a Greyhound's needs, such as going outdoors into a fenced area or walking on a leash to perform bodily functions at least four times per day?

- Yes       No

17) How many hours a day will your Greyhound be home alone? \_\_\_\_\_

If your Greyhound will be alone a period of time, would there be someone available to let him/her out to relieve itself?

- Yes       No

If yes, give name \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to you \_\_\_\_\_

18) Greyhounds must live in the house. They cannot adequately be kept in an outdoor kennel or doghouse. Do you agree to keep your pet inside your home?

- Yes       No      If no, please explain: \_\_\_\_\_

19) Is there a local ordinance in your area pertaining to owning/housing an animal (i.e., leash laws, required vaccinations, dog licenses, etc.)?

Yes       No

20) Are you willing to keep a collar with a tag bearing your name, address and phone number and Dairyland's name, address and phone number on it at all times?

Yes       No

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

Yes       No

22) Are you aware of the importance of keeping your Greyhound on a leash?

Yes       No

23) If your Greyhound should become lost, you are required to notify Dairyland's Adoption Center. Will you agree to do this?

Yes       No

24) Will you agree to keep your Greyhound as a pet and never attempt to use it for any experimental purposes whatsoever?

Yes       No

25) If you should ever decide you cannot keep or do not want your Greyhound, you are required to notify Dairyland Adoption Center before taking action. Will you agree to do this?

Yes       No

26) Your Greyhound is important to us. Will you notify us of any serious illness or death?

Yes       No

27) If you adopt, would you be willing to answer an occasional questionnaire about your new dog?

Yes       No

28) Please add any additional information or thoughts that you feel would help us to understand you and your home as a potential Greyhound home.

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An excellent book that would be helpful in understanding your Greyhound is:

*Adopting A Racing Greyhound* by Cynthia Branigan

29) How many dogs have you owned in the past 10 years? \_\_\_\_\_

Please list each dog's name, breed, sex and age below and if you no longer own the dog, what became of it:

Name	Breed	Sex	Age	What became of it
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

30) What other pets do you have? \_\_\_\_\_

## References - Mandatory

(Please Print Clearly)

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

Clinic's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

List Names of pets treated by this Clinic/Veterinarian: \_\_\_\_\_

\_\_\_\_\_

If less than two years with present veterinarian, please list previous ones:

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

Clinic's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

List Names of pets treated by this Clinic/Veterinarian: \_\_\_\_\_

\_\_\_\_\_

Please list one reference that you have known for more than two years (Please do not include family members or relatives).

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

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

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

Please list a neighbor (If you have lived in area less than one year, list a former neighbor from your last address).

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

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

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

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I certify that the information I have given is true and realize that any misrepresentation of facts may result in losing the privilege of adopting a pet. I understand that the Adoption Center has the right to deny my request to adopt a Greyhound. I authorize investigation and verification of all statements contained in this application.

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

## Please return application to:

Dairyland Greyhound Park Adoption Center  
5522 - 104th Avenue  
Kenosha, Wisconsin 53144

Phone (262) 612-8256  
Fax (262) 657-8231

