



# 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.

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**Your reasons for choosing a retired greyhound.**

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**How did you hear about GAP?**

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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.

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**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_