



Placement Form

Placement fee \$60.

P.O. Box 2352 Regency Park SA 5942
Office: 08 8243 7124
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Information Sheet

ALL QUESTIONS must be accurately completed. Please note this document continues over the page.

This form **must** accompany the greyhound to the 1st point small dog assessment to be signed by assessor before acceptance into the program. Please return form to GRSA or GAPSA or drop into mail slot at GAPSA Office.

Kennel name	
Registered Race name (if applic) (Registration papers to accompany dog)	
Whelping date	
Ear tattoos	Right
Sex	
Colour	
Weight	

Where (suburb or town) is the dog currently located?

Number of race starts (if applicable):

Is this dog still racing? Y N

Date of last race start:

If no longer racing, what were the reasons for retirement?

Please describe any injuries / treatment received:

Has this dog had regular contact with dog breeds other than Greyhounds? Please give details.

Does this dog have experience with other domestic animals eg. horses, cattle, sheep, cats, caged birds, poultry, etc? If so, please give details on extent of experience and how the dog reacts.

How would you describe this Greyhound's overall personality? Please tick one or more:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Very active | <input type="checkbox"/> Keen chaser | <input type="checkbox"/> Spooky / nervous |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Non-chaser | <input type="checkbox"/> Very friendly |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Aloof | <input type="checkbox"/> Laid back |
| <input type="checkbox"/> Placid | <input type="checkbox"/> Quiet in kennel | <input type="checkbox"/> Other? Please specify. |

Other information you would like to include about this dog:

If for any reason the dog does not make it as a GAPSA approved dog, do you want the dog returned to you?	Y	N
Would you like to keep in contact with the new adoptive owner?	Y	N
Do you object to a copy of this form with your details, being given to the new adoptive owner?	Y	N

DECLARATION:

The information provided in this questionnaire is, to the best of my knowledge, complete and correct.

FULL NAME:

DATE:

SIGNATURE:
(Please circle) Reg. Owner / Owner-trainer / Responsible Person / Other

ADDRESS:

Contact Details:

Home:

Mobile:

Email:

