



TRANSFER OF OWNERSHIP TO 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

PLEASE COMPLETE THIS FORM TO ASSIST GAP IN SELECTING A SUITABLE HOME FOR YOUR GREYHOUND.

AN ACCEPTANCE FEE OF \$60, A MUZZLE, COLLAR AND LEAD OF GOOD WORKING CONDITION MUST ACCOMPANY THE GREYHOUND AND THE GREYHOUND MUST BE BATHED AT TIME OF COLLECTION.

Owner/ Responsible Person details:			
Name:	_____		
Address:	_____		
Postal Address:	_____		
Telephone: Home:	_____	Work:	_____
		Mobile:	_____
Email Address:	_____		
Greyhound Details:			
Kennel Name:	_____	Racing Name:	_____
Earbrands:	_____	Sex:	<input type="checkbox"/> Male
Colour:	_____		<input type="checkbox"/> Female
Breeding:	_____ X	D.O.B	/ /
If Female, has she ever had a litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last Season:	/ /
<i>(Please keep bitches off season as seasonal bitches cannot be accepted until season has finished)</i>			
Date of Last Vaccination:	/ /	Type of Vaccination:	C3 C4 C5
Is the greyhound kenneled?	<input type="checkbox"/> Inside	<input type="checkbox"/> Shed	<input type="checkbox"/> Outside
Is the greyhound timid? (stands back when approached)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the dog a keen chaser?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the dog aggressive at meal times?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the dog bark excessively?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the dog chew bedding or rugs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the dog clean in its kennel?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the dog ever escaped from its pen/yard? (is the dog a jumper or digger?)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the dog had recurring health problems (ie ears, eyes, etc)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give Details:	_____		
Has the dog ever had any major injuries? (ie broken hock)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give Details:	_____		
Are you willing to provide a Veterinary Certificate of soundness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the dog ever been in contact with children?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give Details:	_____		
<i>(ie: plays with my grandchildren, ages)</i>			
If the dog does not adapt to being a pet do you wish for it to be returned to you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Agreement of Transfer of Ownership to the Greyhound Adoption Program SA

This is to confirm that I/we, the owner(s) of/person(s) responsible for the listed greyhound, hereby give my/our permission for the ownership of this greyhound to be transferred, without reservation, to the Greyhound Adoption Program SA for assessment as to suitability for adoption, and if appropriate, for subsequent medical and surgical preparation as a companion animal.

Furthermore, I/we agree to pay the nominated acceptance fee of \$60 and acknowledge that the aforesaid fee is non refundable.

Signature of Owner(s)/ _____ Date: / /

Responsible Person(s) _____ Date: / /

Address: _____
(Where greyhound is to be collected)

IMPORTANT NOTICE:

- **AN ACCEPTANCE FEE OF \$60,**
- **A MUZZLE, COLLAR AND LEAD OF GOOD WORKING CONDITION MUST ACCOMPANY THE GREYHOUND, &**
- **THE GREYHOUND MUST BE BATHED AT TIME OF COLLECTION.**

Applications can be posted, 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/>

SA GAP Committee / Office Use Only

Received by: _____ Date Received: / /

Greyhound Number: _____

Fosterer: _____

Adoptive Owner: _____

Address: _____

Contact Numbers: Home: _____ Work: _____ Mobile: _____