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Dog Adoption Application

Please answer all questions fully and honestly. No discriminations will be made. Alchemy Acres provides an environmental adoption service to help you adopt a pet that will best fit in to your home.

Name of Dog Requesting	
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Applicant Information (Must be 21 years of age or older)

Full Name (Print only)	
Street Address	
Mailing Address (or same)	
City, State, Zip Code	
Home Phone #	
Cell Phone #	
E-mail Address	
Date of Birth	
Please Provide a VALID Photo ID (Driver's License, Gov. ID)	ID Number Here:

Employer Information

If unemployed please specify how you intend to care financially for your dog's necessities.

Name of person(s) in house hold with main income.	
Occupation	
Employer	
Street Address	
Mailing Address (or same)	
City, State, Zip Code	
Your Extension/Phone#	

Household Information

Please provide information for other household members at this time (please include children and temporary members)

Person Name	Relationship (to Applicant)	Gender	Age	Employed?

Please indicate your type of housing and environment (Circle what applies)

House	Condo	Apartment	Townhouse	Mobile Home	Other
Rural	Suburbs	City			
No Fencing	Partial Fencing	Fully Fenced			
(fencing types)	Under 4 foot	4 foot	5 foot	6 foot	Above 6 foot
	Chain Link	Picket	Invisible	Privacy	Other:

If you rent, please provide the following

Name of Complex	
Landlord Name	
Title/Deed Holder Name of property	
Street Address	
Mailing Address (or same)	
City, State, Zip Code	
County	
Phone # of landlord	
Is there a pet deposit, if so how much?	
Is there a monthly fee for pets?	
Have you notified your landlord of your interest in adopting a pet?	

Other inquiries;

Are you willing to allow an Alchemy representative visit your home?	Yes	No	By Appointment Only
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Are you or any household members active in the military?	Yes	No	Will be in the future	
How many times have you moved in the past?	Never	Less than 3	Specify other amount here:	
If you move will your pet(s) go with you?	Yes	No	Depends	
Does anyone in your house smoke?	Yes	No		
Have you ever lived in a home that did not allow pets?	Yes	No		
How would you describe your home environment?	Fast-paced	Moderate	Easy-going	
Are you able to provide a home for this dog's entire life (Please consider finances and medical needs)?	Yes	No	Maybe	
Does anyone in your house have any major health problems?	If yes please Specify here:			
Do you foresee any major changes in the next 15 years? Mark X to what applies or circle what applies.	Marriage	Children	Health issues	College
	Graduation	Moving	Other Pets	Other:
Circle or X any reason that you wish to adopt a dog.	Family Pet	Child's Pet	Watchdog	Companion
	Hunting Dog	Guard Dog	Pet Gift	Companion for Pet
	Breeding	Showing	Agility	Working/ Service Dog
	Other:			
Circle or X any reason/ circumstance that you would justify to give up a dog or pet?	Moving	New Baby	Divorce	Marriage
	Shedding	Loss of interest	Time Consumption	Person Allergies/Medical Problems
	Animal Medical Problems	Housebreaking Problems	Size/Activity of animal	Escaping fence/kennel/house
	Not getting along with current pets	Behavioral Problems	Other:	
How do you plan on handling exercise and toilet duties?				
Do you plan on keeping a collar and ID on your dog?	Yes, always	Yes, only when outside	Only when traveling	no
How many hours will your dog spend home alone per day on average?	Few (Less than 5)	Average (6-9 hours)	Many (10-14)	Other:

Where will your dog stay on a typical day? (check all that apply)	In a Crate	Loose in house	Loose outside	In fenced area outside
	Basement	In one room of house	In garage	In barn
	Tied outside	In outdoor dog kennel	Other:	
Where will your dog stay when home alone? (check all that apply)	In a Crate	Loose in house	Loose outside	In fenced area outside
	Basement	In one room of house	In garage	In barn
	Tied outside	In outdoor dog kennel	Other:	
Are you willing to adopt a dog with medical issues?	Yes	No	Maybe, it depends	
Are you willing to adopt a dog with behavioral issues (i.e. anxiety, possession)	Yes	No	Maybe, it depends	
Has any dog died on your property in the last 12 months of parvo, distemper or an unknown cause?	Yes	No		
Have you ever euthanized an animal?	Yes	No		
What do you consider legitimate circumstances to euthanize an animal?				
Have you ever surrendered an animal to a pound or shelter?	Yes	No		
Have you ever given an animal away?	Yes	No		
Do you agree not to surrender the animal you adopt from AAAS to anyone other than AAAS?	Yes	No	It Depends	
Have you ever adopted from AAAS?	Yes	No		
How did you hear about AAAS?				

Please List your Previous Pet that you no longer have (most recently)

Pet Name	Type (i.e. dog, cat)	Breed	Age	Gender	Spayed or neutered?	Up to date Medically i.e. Shots Preventions	Living Environment (indoor/ outdoor)	Reason you no longer have?

Please List your Current Pets

Pet Name	Type (i.e. dog, cat)	Breed	Age	Gender	Spayed or neutered?	Up to date Medically (i.e. Shots Preventions)	Living Environment (indoor/outdoor)	Any Health conditions?

In the event that you would no longer be able to care for your pet, who would become the primary caregiver?

Name	
Street Address	
Mailing Address (or same)	
City, State, Zip Code	
Phone #	
Relationship to Applicant	

Please provide a Personal Reference (Relative)

Name	
Street Address	
Mailing Address (or same)	
City, State, Zip Code	
Phone #	
Relationship to Applicant	

Please provide a Personal Reference (Non-Relative)

Name	
Street Address	
Mailing Address (or same)	
City, State, Zip Code	
Phone #	
Relationship to Applicant	

Please provide a Veterinary Reference (this should be a previously used vet)

Clinic Name	
Name of Vet	
Street Address	
City, State, Zip Code	
Phone #	
Name that your account is in	
Approx. Date of most recent visit	

Please provide the information of your current Veterinarian or write "Same"

Clinic Name	
Name of Vet	
Street Address	
City, State, Zip Code	
Phone #	
Name that your account under	
List the animal(s) that have seen this vet.	

Agreement, Release and Signature

If considered an approved adopter, I accept the animal as is and assume all risks of its ownership, including the risk of injury or damage caused by the animal (such as animal bites.) On behalf of myself, my heirs, personal representatives, and assigns, I hereby release ALCHEMY ACRES ANIMAL SANCTUARY Inc, Campf's Service Co, Inc, and it's directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my adoption. By signing below, I am attesting to the truthfulness of my answers. Falsification of any of the above information will be grounds for disallowing the adoption of an AAAS dog and possible removal of an adopted dog from the home. Applicants must be 21 years of age or older. ALCHEMY ACRES ANIMAL SANCTUARY Inc. reserves the right to refuse any applicant.

By signing below, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this release may result in probable legal action. To the best of my knowledge, I have accurately and truthfully filled out this release form and by signing below understand that said animal is released to Alchemy Acres Animal Sanctuary, Inc. (If a minor, a parent or legal guardian signature is required)

Full Name (Printed)	
Signature	
AAAS Staff	
Date	