

ALCHEMY ACRES ANIMAL SANCTUARY

1859 Depot Rd Salem OH 44460
Ph. 330-332-4897 Fax 330-332-1905
alchemyacres@aol.com

CAT ADOPTION APPLICATION

(please print clearly and mark
N/A for any item not applicable to you)

Name of Cat
requesting for adoption

Applicant Name: First Last
Age Occupation
Employer
Spouse/ roommate name Occupation
Employer
Street Address PO Box
City State Zip
Home Phone Cell
Work Phone Email

Please list any questions you may have about this cat:

- 1) Are you willing to allow a representative from AAAS visit your home by appointment?
2) Please check any of the following reasons for adopting this cat:
3) Please indicate your living environment:
4) If you rent, do you have your landlord's permission to own a cat?
5) How many times have you moved in the past 5 years?
6) If you move, will your pet go with you?
7) What major changes do you foresee in your life in the next 10-15 years (average lifespan of a cat)?
8) Can you provide a permanent home for the duration of this cat's life?

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other _____

19) Have you ever surrendered a cat to a shelter before? _____

Yes _____ No _____

a) reason(s): _____

21) Have you adopted from AAAS before? _____

Yes _____ No _____

22) How did you hear about AAAS? _____

23) Do you agree to not surrender your cat to anyone else without notice to AAAS? _____

Yes _____ No _____

22) As part of the application process we confirm veterinary care with your veterinarian.

If you give AAAS permission to contact your vet please sign here: _____

REFERENCES

please list references:

Personal (non-relative):

Name _____

address _____

Relationship to applicant _____

Phone _____ Email _____

Veterinarian

Reference: Name _____

address _____

Phone _____ Email _____

If you currently do not have a veterinarian, please list the vet you intend to take the cat to.

You will be asked to make an appointment prior to the adoption.

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If allowed to adopt a pet from AAAS, I agree to do the following for my cat:

- _____ maintain vaccines
- _____ vaccinate for rabies
- _____ provide food, water, and shelter for my cat
- _____ provide exercise
- _____ groom or provide grooming
- _____ spay or neuter (if applicable)

Signature

Date

RELEASE

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 its 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 cat and possible removal of an adopted cat from the home. Applicants must be 21 years of age or older. Alchemy Acres Animal Sanctuary reserves the right to refuse any applicant.

Signature

Date
