



1859 Depot Rd., Salem, OH 44460
330-332-4897 ph. alchemyacres@aol.com 330-332-1905 fax
www.alchemyacres.org

DOG ADOPTION APPLICATION

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

Name of Dog _____
Requesting for Adoption _____

Applicant Name: _____

Age _____ Occupation _____
Your Street Address _____ P O Box _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Email _____
Employer _____
Street Address _____ Work Phone _____
City _____ State _____ Zip _____
Spouse/Roommate name _____ Occupation _____
Employer _____
Street Address _____ Cell Phone _____
City _____ State _____ Zip _____
Please list any questions you may have about this dog _____

- 1) Are you willing to allow a representative from AAAS to visit your home by appointment? _____
- 2) Please check any of the following reasons for adopting this dog:
Family pet _____ child's pet _____ watchdog _____ companion _____ hunting dog _____ guard dog _____ pet gift _____
- 3) Please indicate your living environment:
Apartment _____ house _____ condo _____ townhouse _____ mobile home _____
- 4) If you rent, do you have your landlord's permission to own a dog? _____
a) What is the apartment complex name? _____
b) What is the landlord/owner's name? _____
c) Is there a pet deposit, if so how much is it? _____
- 5) How many times have you moved in the last 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 15 years (average life span of a dog)?
Marriage _____ Childbirth _____ Health Issues _____ College _____ Other _____
a) Do you or anyone in your household currently have any serious health problems? Yes _____ No _____

If yes please explain _____

8) Can you provide a permanent home for the duration of this dog's life? _____

9) Do you have a fully fenced yard with no fence gaps?
YES _____

Under 4 ft _____ 4 ft _____ 5 ft _____ 6 ft + _____ other _____
Chain link _____ Picket _____ Invisible _____ Privacy _____ Other _____

NO _____
How do you plan on exercising the dog and handling toilet duties? _____

- 10) Number of adults in household? _____
a) please specify relationships _____
b) does anyone in the house smoke yes _____ No _____
c) are there any children in the home Yes _____ No _____

If yes what are there ages and genders _____

11) Please list your current pets (number, type and age) _____

- 12) How many dogs have you owned in the past? _____
 a) Please check reason why do you no longer have the dog(s)?
 euthanized for medical reasons _____ hit by car _____ died of old age _____ sold _____
 gave away _____ ran away _____ surrendered to a shelter/pound _____
 a) has a dog died on your premises in the last 6 months of distemper, parvo, or unknown causes ? _____
- 13) Do any of your current or past pets live primarily outdoors? Yes _____ No _____
- 14) Were all of your previous and current pets spayed or neutered? Yes _____ No _____
- 15) Have you always kept an ID tag (other than rabies) on your pet? Yes _____ No _____
- 16) Will you keep a collar and county ID tag on all of your pets including your new dog at all times? _____
- 17) How many hours will the dog be home alone on a typical day? _____
 a) Where will your dog stay when home alone on a typical day

OUTSIDE

In a dog pen _____ in a fenced in area _____ on a chain _____ loose _____ inside a barn _____

INSIDE

In a dog crate _____ in the basement _____ in a garage _____ loose inside _____ other _____

19) Where will the dog sleep at night?

Dog house _____ outside dog pen _____ fenced area _____ basement _____ garage _____

House _____ crate _____ bed with you _____ other _____

20) What circumstances, in your mind, justify giving up a dog

Moving _____ new baby _____ divorce _____ escaping fence _____ behavioral problems _____

Shedding _____ children lost interest _____ time consumption _____ allergies _____

Housebreaking _____ medical problems _____ size of dog _____ not getting along w/other pets _____

Other _____

21) Have you ever surrendered a dog to a shelter before? Yes _____ No _____

22) Have you adopted from AAAS before? Yes _____ No _____

23) How did you hear about AAAS _____

24) Do you agree not to surrender this dog to anyone else without notice to AAAS? Yes _____ No _____

Please list references:

Personal (non relative):

Name _____

Address _____

Phone number _____ Email addy _____

Veterinarian Reference:

Name _____

Address _____

Phone number _____ Email addy _____

If you do not currently have a veterinarian, you must establish an account with the veterinarian that you plan on using for this dog and make a "wellness" appointment that we can verify with the veterinarian, before the adoption can be completed.

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

- Maintain vaccines _____
- Vaccinate for rabies _____
- Provide food, water and shelter for my dog _____
- 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 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.

 Signature Date



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RIGHT OF RETURN POLICY

ALCHEMY ACRES ANIMAL SANCTUARY INC. will at anytime allow you to return any animal that you have adopted from us.

You will need to fill out a Surrender form giving us back the Ownership of the animal.
You must also return to us the following:

1. Rabies tag that we issued you
2. Ohio Dog License that we issued you
3. All paperwork that was issued to you at the time of adoption
4. Any vet paperwork that you have had done

Our policy for REFUNDS when you return a live animal is as follows:

1. If you have had the animal for 1 week – you will receive a \$50 refund
2. If you have had the animal for 2 weeks – you will receive a \$25 refund
3. After you have had the animal for more than 14 days, there will be no refund given, but you may still return the animal to us.
- 4.

We are unable to give a 100% refund on returned dogs due to the fact that we will need to quarantine the animal to reworm, check for parasites, and any other illnesses. Due to the large number of animals that we house it is imperative that we ensure the health of every animal coming into our facility.

SIGNATURE

DATE



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SPAY/NEUTER AGREEMENT

Name of Dog: _____
Name: First _____ Last _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Work Phone _____ Email _____

I, _____, understand that I am adopting a puppy, from ALCHEMY ACRES ANIMAL SANCTUARY INC, that is not old enough to be spayed/neutered. I agree to spay/neuter said puppy between the age of five and six months old. I understand that it is the policy of AAAS that all dogs adopted be spayed/neutered and by adopting said puppy, it is my obligation to have the procedure performed by a qualified veterinarian. I understand that, in addition to the one hundred forty dollar adoption fee, there is a fifteen dollar deposit, in which I will be reimbursed upon proof of procedure.

Adult dogs: I understand that I am adopting a dog who has been under psychological or physical care in which it was unable to be spayed/neutered at the appropriate age. I have been made aware of said conditions and assume responsibility of spay/neuter and understand that it is my obligation to have the procedure performed by a qualified veterinarian.

I understand the terms of this agreement and realize that I, as the new owner of this dog, am responsible for any further treatment for health or behavioral problems associated with the animal.

Signature _____ Date _____

AAAS Signature _____ Date _____