



Akita Rescue Mid-Atlantic Coast, Inc.

ADOPTION APPLICATION

Be sure to complete all eight pages. **Incomplete applications will not be processed.** Please use the back of pages if necessary for further explanations.

APPLICANT INFORMATION:

Name: _____
(First) (Middle) (Last)

Telephone: (_____) _____ Cell Phone: (_____) _____

Drivers License Number: _____ State Issued: _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

Email Address(s): _____

CO-APPLICANT INFORMATION:

Name: _____
(First) (Middle) (Last)

Telephone: (_____) _____ Cell Phone: (_____) _____

Drivers License Number: _____ State Issued: _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

Email Address(s): _____

PETS PAST AND PRESENT : (If additional space is needed please use the back of the pages)

1. Dog Cat Other: _____ Breed: _____ Name _____ Sex: Male Female

Dates Owned: _____ (month/year) TO _____ (month\year)

Vaccinations kept up-to-date: Yes No Kept on heartworm prevention: Yes No

Received routine vet care: Yes No Spayed/Neutered? Yes No If not, why not? _____

Where did you acquire this pet from (name, address and telephone number): _____

What happened to this pet? (If still owned please answer "Still own", if deceased explain how and when)

2. Dog Cat Other: _____ Breed: _____ Name _____ Sex: Male Female

Dates Owned: _____ (month/year) TO _____ (month\year)

Vaccinations kept up-to-date: Yes No Kept on heartworm prevention: Yes No
Received routine vet care: Yes No Spayed/Neutered? Yes No If not, why not? _____

Where did you acquire this pet from (name, address and telephone number): _____

What happened to this pet? (If still owned please answer "Still own", if deceased explain how and when)

3. Dog Cat Other: _____ Breed: _____ Name _____ Sex: Male Female

Dates Owned: _____ (month/year) TO _____ (month\year)

Vaccinations kept up-to-date: Yes No Kept on heartworm prevention: Yes No
Received routine vet care: Yes No Spayed/Neutered? Yes No If not, why not? _____

Where did you acquire this pet from (name, address and telephone number): _____

What happened to this pet? (If still owned please answer "Still own", if deceased explain how and when)

Have you ever taken a dog through obedience class? Yes No

Are you willing to attend obedience classes? Yes No

How much do you think the annual cost is for routine vet care (routine exam, heartworm test, shots)? _____

How much do you think the monthly cost is for a premium dog food and heartworm medication? _____

MILITARY PERSONNEL ONLY

If you had any pets in the past what happened to them when you were deployed? _____

If you adopt a dog and are then deployed, what will you do with the dog? _____

Have you ever taken your pets with you when you were transferred, even overseas? Yes No

SINGLE OWNERS ONLY

What will you do if you become involved in a relationship where the other person does not like or is afraid of your dog?

What will you do if you become involved in a relationship with someone who has children who are afraid of or allergic to your dog? _____

What will you do if you become involved in a relationship with someone who is or develops an allergy to dogs?

COUPLES ONLY

What will you do with your dog if you separate or divorce? _____

If you are currently childless, are you planning on having children in the future? Yes No

If yes, what will you do with your dog if you have children? _____

HOUSING INFORMATION:

How many adults living in your household? _____ What relationship to you? _____

Are there children residing in your household or visiting on a regular basis? Yes No

Child's age: _____ Male Female Child's age: _____ Male Female

Child's age: _____ Male Female Child's age: _____ Male Female

Does your homeowner's association allow you to have an Akita? Yes No

Is there anyone home during the day? Yes No If so who? _____

Do you conduct child care in your home? Yes No In relation to your residence, do you: Own Rent

If renting, does the lease permit large dogs, specifically an Akita? Yes No *(If yes, **attach copy of lease to application please. The application will not be processed without proof that Akitas are permitted on leased/rental property)**)*

How long have you resided at your current residence? _____ Years _____ Months

If less than two years, give previous address: _____

And how long did you live there? _____ Years _____ Months What is your lot size? _____

Is it fenced? Yes No If so, fencing material and height: _____

If you do not have a fenced yard, are you willing to provide one or a kennel run? Yes No

Where will the dog stay during the day? _____ At night? _____

If there are no children or other animals in your house, are there foreseeable times the Akita will have to spend visiting with children or other animals? Yes No If so, please explain: _____

Are there any unusual circumstances to which the Akita will have to adjust? Yes No If so, please explain: _____

Who will be the primary caregiver? _____ Does anyone in the home have allergies? Yes No

If yes, please explain the type of allergy(s) and whether or not medical treatment is being provided: _____

Do all family members want to adopt an Akita? Yes No Who is unsure? _____

Why? _____

Can you devote a minimum of one-hour daily (aside from feeding, grooming, letting the Akita in and out) of quality time with your Akita? Yes No

Please list your hobbies and interests, (i.e., sports, theatre, reading, etc.): _____

OCCUPATIONAL INFORMATION:

Applicant's occupation: _____ Work hours: _____ Commute time: _____

Name of Employer: _____ Telephone: (_____) _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

Dates of Employment: _____ (month/ye) To _____ (month/yr)

If one-year or less, please provide the name, address, and telephone number of previous employer: _____

Co-Applicant's occupation: _____ Work hours: _____ Commute time: _____

Name of Employer: _____ Telephone: (_____) _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

Dates of Employment: _____ (month/ye) To _____ (month/yr)

If one-year or less, please provide the name, address, and telephone number of previous employer: _____

If anyone else in your household will be caring for the Akita, please provide the following information:

Name: _____ Age: _____ Primary Telephone: (_____) _____

Current Employer: _____ Work Telephone: (_____) _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

LEGAL INFORMATION:

Have you or anyone in your household ever been charged with or convicted of spousal, child, or animal abuse, neglect or cruelty in the United States or another country? Yes No

If so, please explain: _____

Are you or the co-applicant currently filing, about to file, or filed for bankruptcy within the past 5 years? Yes No

If so, please explain who, when and why: _____

Have you ever been convicted of, pled "nolo contendere" (no contest) to, or received a deferred or suspended sentence for a crime more serious than a parking offense in this or any other state, territory, or country? Yes No

If yes, please give dates, nature of offense, and disposition: _____

VETERINARIAN REFERENCES:

Please provide the following information for any veterinarians that you use, or have used in the past, to treat your pets.

(If additional space is needed, please use the back of this page)

1. Name: _____ Telephone Number: (_____) _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

Pet Names that were treated: _____ Dates: _____ (MM/YY) To _____ (MM/YY)

2. Name: _____ Telephone Number: (_____) _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

Pet Names that were treated: _____ Dates: _____ (MM/YY) To _____ (MM/YY)

PERSONAL REFERENCES:

Please provide the following information for at least two individuals, *who are not related to you*, and have known you at least one year, have visited your home and preferably know your current or past pets.

1. Name: _____ Telephone: (_____) _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

How long have you known them: _____(years months) Best Time to Reach: 9am-5pm OR 5pm – 9pm

2. Name: _____ Primary Phone: (_____) _____

Physical Address: _____
(Street) (City) (State) (Zipcode)

How long have you known them: _____(years months) Best Time to Reach: 9am-5pm OR 5pm – 9pm

ADDITIONAL INFORMATION:

How did you hear about Akita Rescue Mid-Atlantic Coast, Inc.:

Friend ___ Website ___ Web Search engine ___ Magazine Ad ___ If so which one? _____

Why do you want to adopt an Akita? _____

Are you currently applying or have you applied to any other rescue group, shelter or humane society to adopt/foster an animal? If Yes, please give the name of the group and its contact information: _____

May we visit your home? Yes No Do we have your permission to speak with the vets you listed: Yes No

May we check your references to verify the information you have provided? Yes No

Remembering that Akitas rarely co-exist peacefully with the same sex of any breed, and the majority of rescue dogs are adults or young adults, what sex and general age category do you have in mind to adopt ? Male Female

Age: _____ Although we can't choose dogs by coat color or length, do you have a preference? _____
_____. Would you consider adopting a long coated Akita? Yes No

Your social security number will be requested if you adopt from us. All sensitive and personal information is not stored in any electronic format. We do not sell information given to us. We have never had information leaks. All information given in the application or on the adoption contract will be used for adoption purposes only, and will not be released for any other purpose without your written permission. We are happy to provide references if you so desire.

AGREEMENT:

By signing this legally binding agreement you, the undersigned, are stating that you are at least 18 years of age and that you fully understand that any misrepresentation of yourself or any untruths herein this application that are discovered at a later date will invalidate any adoption agreement, disqualify you from being an adopter from ARMAC, and ARMAC will immediately remove, without notice, any and all ARMAC dogs from your care. In addition, by signing this agreement you, the undersigned, are stating that you fully understand that any misrepresentation of yourself or any untruths herein this application that are discovered at a later date that disqualify you from being an adopter may be shared with other humane organizations if they query ARMAC.

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____

Should you have any questions please feel free to contact: Jodi Marcus: 703-730-0844 akidra@comcast.net or Lisa Gray 571-237-7335 lisa@akitarescue.org

Please return completed adoption application to:
Jodi Marcus
Akita Rescue Mid-Atlantic Coast, Inc.
13238 Kurtz Road
Woodbridge, VA 22193

Please answer the following questions. This will aid us in assessing or helping to add to your knowledge of the breed's nutritional, health and emotional needs.

Please circle either **T** for true or **F** for false to each statement below. If you don't understand the statement, or don't know the answer, circle the statement so we can discuss it with you.

THERE IS NO PASS OR FAIL. THIS IS FOR INFORMATIONAL PURPOSES ONLY

- | | | | | | |
|---|---|---|--|---|--|
| T | F | Dogs have individual nutritional needs | T | F | Dogs need vitamin supplements |
| T | F | Some table scraps are okay for dogs | T | F | Chocolate is toxic to dogs. |
| T | F | Fresh fruit is okay for Akitas | T | F | Lots of running and jumping is good for growing puppies |
| T | F | Raw beef is bad for dogs | T | F | Akitas tend to love fresh fish |
| T | F | Diet can have an effect on hip dysplasia | T | F | All major brands of dry dog food provide complete and balanced nutrition |
| T | F | Fish, poultry and pork should be cooked before feeding it to a dog | T | F | Semi-moist foods are better for dogs |
| T | F | Canned dog food is better than dry | T | F | Rawhide or nylon bones are safer than real bones |
| T | F | Fresh vegetables are good for dogs | T | F | Dogs need routine de-worming |
| T | F | Its ok to give a dog a boiled beef knuckle | T | F | Dogs get tapeworms from fleas or from raw meat. |
| T | F | A dog's rectal temperature should be 101 – 102 degree Fahrenheit | T | F | Dogs can develop heartworms from mosquito bites |
| T | F | Dogs can develop heartworms from eating spoiled food | T | F | Its ok to let my dog eat or drink large amounts before or after heavy exercise |
| T | F | Akitas can die from bloat | T | F | Dogs can have allergies |
| T | F | Dogs don't get cavities, dental infections, or have plaque buildup | T | F | It is important that children are taught how to interact with dogs |
| T | F | Runny eyes are normal for Akitas | T | F | Dogs can reason just like people |
| T | F | Skin rashes are common in the Akita breed | T | F | Housebreaking is normally easy with Akitas |
| T | F | OFA certification means the dog will not develop or product hip dysplasia | T | F | VWD is a problem in the Akita breed |
| T | F | Akitas, by nature, need firm discipline | T | F | Auto Immune Disease is hereditary |
| T | F | Dogs don't NEED obedience training to be good family pets | T | F | If well trained, an Akita will not fight with other dogs |
| T | F | Dogs should have routine vaccinations | T | F | Routine baths help prevent skin problems |
| T | F | Akitas, by nature, love all kids | T | F | |
| T | F | Dogs experience emotions | T | F | |
| T | F | It's cruel not to let a dog run loose | Do you know what OFA, CERF, VWD, Thyroid , or Auto Immune mean? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Did any of the questions on this application
make you feel uncomfortable? Yes No

If so why: _____

Do you feel your privacy was invaded
in completing this application? Yes No

Are you pleased we want to know about
you, your family and lifestyle? Yes No

Do you have any suggestions on how we might improve these forms? _____
