



Addison County Humane Society
 236 Boardman Street
 Middlebury, VT 05753
 Phone: 388-1100 Fax: 382-9320
 www.addisonhumane.org

ACHS Staff use only

Application Status Vet checked <input type="checkbox"/> Landlord checked <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> _____ App #

Adoption Application

Your Name (first, middle, last)	Maiden Name	Date of Birth
Partner's Name (first, middle, last)	Maiden Name	Date of Birth
Street Address	Mailing Address	
City, State, Zip	City, State, Zip	
Home Phone	Work Phone	
Occupation	Company	
Driver's License Number & State	E-Mail address	
How long have you lived at this address?	Are you an ACHS Member? Yes No	
Name of animal adopting?	Veterinarian/Vet Hospital (Name and Ph #)	

My reason for adopting this animal is: (check all that apply)

- Companion
 For children
 Hunting
 Gift
 Other _____

I share my home with _____ adults and _____ children.

Ages of children: _____

- I have children who visit or live next door. Ages: _____

Who will be responsible for this animal? Myself Partner Both Children All

This animal will be left alone for _____ hours a day.

Are you a frequent traveler? Yes No

If yes, where will the animal stay while you are away? _____

Where will the animal live most of the time? Inside Outside

When the animal is inside they will be left: (check all that apply)

- Crated
 Room
 Basement
 Loose
 Tied

When the animal is outside they will be left: (check all that apply)

- Fenced yard
 Invisible Fence
 Tied
 Runner
 Walked
 Loose
 Supervised Loose

What types of animals have you or your partner lived with in the last 5 years:

Name	Type	Age	Sex	Spay/Neut?	Where is the animal now?

In the event you need to move/relocate, are you willing to find a place that will allow you to bring the animal with you? Yes No

If you cannot, are you willing to return the animal to ACHS? Yes No

Do you own or rent?

What type of residence? Apartment Camp Condo House Trailer

If you rent, please provide landlord's name: _____

Landlord's phone number: _____

If adopting a dog/puppy, please fill out the following:

How do plan to discipline this dog? _____

Will you enroll this dog in an obedience class? Yes No

Are you willing to housebreak this dog? Yes No

How long do you think it will take? _____

Are you willing to give this dog 1-2 months to adjust to a new home and routine? Yes No

If adopting a cat/kitten, please fill out the following:

Do you plan to declaw this cat? Yes No

Are you willing to teach this cat where to scratch? Yes No

How do plan to discipline this cat? _____

Do you plan to let this cat outside? Yes No

Are you willing to give this cat 1-2 months to adjust to a new home and routine? Yes No

I give my veterinarian, _____, permission to release any and all medical information about my animals to the Addison County Humane Society.

For the purpose of adopting, the undersigned certifies that the above statements are true and complete. The Addison County Humane Society retains the right to deny an application due to false information, or if the staff believe that it is in the best interest of the animal. Applications are approved based on current or past animal care (including but not limited to: spay/neuter, vet recommended vaccination maintenance, quantity of pets, or quality of care of current or past pets) and landlord approval.

Applicant's Signature _____ Print Name _____

Date _____ ACHS Staff member _____

Landlord Permission Granted? Yes No

Contact Name _____ Date Checked _____ Staff Initials _____

Veterinarian Reference Complete? Yes No

Contact Name _____ Date Checked _____ Staff Initials _____