Adoption/ Foster Survey

Saginaw County Animal Care & Control Resource Center

5615 Bay Rd, Saginaw Mi, 48604

Phone: 989-797-4500 E-mail: scacc@saginawcounty.com

Full Name:_____ Date:_____

Address:_____

Email:_____Phone:_____

LOOKING FOR: ☐**Dog** ☐**Cat** ☐**Not Sure Yet**
LOOKING TO: ☐**Adopt** ☐**Foster** ☐**Foster to Adopt** (for animals not yet sterilized over 6 months)
I Live in a: ☐House ☐ Apartment (Some pets are not suited for apartment living)

The household for my new pet would be described as (select one):
☐Slow/Quiet ☐Medium Activity ☐Busy/ Active

People my new pet will have frequent/regular contact with:
Children under 8? ☐Yes ☐No, How Frequent?_____

Elderly Family/ Friends? ☐Yes ☐No, How Frequent?_____

My New Pet Will:	Yes	No	N/A	Additional Notes
Have other pets come to our home for visits, etc.				
Have play dates with pets of other friends/ family members				
Interact with children who visit but who do not live with me				
Go to busy events				
Go to the home of friends/ relatives while we are out of town				
Primarily be an inside Pet				

More helpful Info:	
My new pet will be alone how many hours per day?	
Activities I will typically do with my pet:	
Traits I want in a pet:	
The amount of time I expect for my pet to adjust to my house is:	
When I'm not home my pet will stay primarily:	
I would be willing to change my routine for my pet if needed:	
(CAT) I plan to have this many litter boxes in my home:	
(Cat) I plan to provide scratching posts:	

It is most important to me that my pet…

_____

_____

A deal breaker would be:_____

Animals that live in the home:

Name	Breed	Age	Sex (M/ F)	Spay/ Neuter?	Indoor/ Outdoor	Rescued?

List any topics you would like to discuss with your adoption counselor: _____

_____

STAFF USE

Adoption Counselor_____ **Pet Reccomendation**_____