



**COUNTY OF SAGINAW**

**Animal Care & Control**

**5615 Bay Road, Saginaw, MI 48604**

**Ph: (989)797-4500 [scacc@saginawcounty.com](mailto:scacc@saginawcounty.com) Fax: (989)797-4509**

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**Foster Application**

*Thank you for your interest in the Saginaw County Animal Care & Control foster program. By opening your home to a foster animal, you're giving these animals a second chance. To make sure we can match you with the right foster pet, we need some information from you.*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Method of Contact: Phone Email

May we place you on our email list of foster volunteers?  Yes  No

*(This list will notify you of animals in need of foster families even if they do not fall within your preference of animals.)*

How many people live at your residence? \_\_\_\_\_

Do you have children living in your home? Yes No

If yes, how many? \_\_\_\_\_ Please list the ages: \_\_\_\_\_

How many pets have you owned within the last five (5) years? \_\_\_\_\_

How many pets do you currently own? \_\_\_\_\_

In what type of home do you live in? Mobile Home Apartment

House Duplex

Please describe the street: Busy Quiet In between (If yes, please describe)

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Please describe your neighborhood conditions: Rural Suburban Urban

Do you rent?  Yes  No

If yes, please list the name and number of your landlord. (*Our staff will verify this response and their consent to have animals in the home.*)

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Will you be able to separate foster animals from your own animals?  Yes  No

Do you have a separate, indoor room in which to isolate the foster animal from your other pets?  Yes  No

If yes, please describe the room arrangements: \_\_\_\_\_

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Where will the foster animal sleep? \_\_\_\_\_

How will the foster animal get exercise? \_\_\_\_\_

Will you allow the foster animal to have free run of the house? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Will the foster animal be allowed on the furniture? \_\_\_\_\_

What will you do if the foster animal became ill? \_\_\_\_\_

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How will the foster animal be house trained? \_\_\_\_\_

How would you discipline the foster animal? \_\_\_\_\_

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What if your current pet(s) and the foster animal do not get along? What will you do? \_\_\_\_\_

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Are you agreeable to having a home visit prior to being accepted as a foster provider?

Yes No

An annual home visit is required of foster homes. Are you agreeable to having an annual home visit conducted? Yes No

How many hours per day will the animal be without your direct care? \_\_\_\_\_

Please describe the area where the animal will be housed when not in your direct care: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have a fenced yard? Yes No

If yes, what type of fence? Wood Chain Other: \_\_\_\_\_

How high is the fence? \_\_\_\_\_

How large is your fenced area? \_\_\_\_\_

Can an animal slide underneath or through the fence? \_\_\_\_\_

Do you have shelter for the animal when it is outside? Yes No

Do you have a pool/pond/stream/lake in or near your yard? Yes No

If so, how do you plan on keeping the animal secure from drowning? \_\_\_\_\_

\_\_\_\_\_  
Where will the animal relieve itself? \_\_\_\_\_

Please list the name of your pet's veterinarian or veterinary hospital.

\_\_\_\_\_

Please list all animals living on your property. Include those which you do not own.

Name	Age	Gender	Breed	Spayed/Neutered
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I am willing to foster the following: (Check all that apply)

**Felines:**

- Un-weaned kittens in need of frequent bottle feeding (1-4 weeks old)
- Kittens not requiring bottle feedings (4-8 weeks old)
- Nursing mother and kittens
- Cats or kittens with a physical handicap
- Cats or kittens requiring daily medication
- Cats or kittens recovering from injury or surgery

**Canines:**

- Un-weaned puppies in need of frequent bottle feeding (1-4 weeks old)
- Puppies not requiring bottle feeding (4-8 weeks old)
- Nursing mothers and puppies
- Dogs or puppies with a physical handicap
- Dogs or puppies requiring daily medication
- Dogs or puppies recovering from illness
- Dogs or puppies recovering from injury or surgery
- Dogs or puppies in need of training and/ or socialization
- Elderly dogs

**By signing this document, I agree to the following terms:**

\_\_\_\_\_ I am at least 18 years of age.

\_\_\_\_\_ I understand that by fostering, I am taking temporary custody of an animal belonging to Saginaw County Animal Care and Control (SCACC). I do NOT become the animal's owner when I take possession.

\_\_\_\_\_ I understand that these animals may be incubating an illness that could be transmitted to my pets. SCACC will not provide medical care or treatment of my own pets in the event they become ill or injured. I assume all risk of illness or injury to my own pets due to exposure to the foster animal.

\_\_\_\_\_ I acknowledge that SCACC has limited means by which to diagnose or recognize all conditions. SCACC cannot guarantee the behavior of this animal. I assume all risk of injury to myself, my pets, my family, or my guests due to exposure to the foster animal.

\_\_\_\_\_ I understand the veterinary staff at SCACC will provide basic medical needs of foster animals, but have limited resources and may not be able to treat or repair some conditions. In the event of certain illnesses or injury of foster animals, the SCACC veterinarian of record may advise euthanasia. I will accept the recommendations of the SCACC veterinarian of record as they relate to the foster animal.

\_\_\_\_\_ In the unfortunate event that the fostered animal(s) in my care perishes, I agree that I will return the deceased animal(s) to SCACC.

\_\_\_\_\_ I understand that should I wish to adopt an animal I am fostering, I will be required to follow standard SCACC adoption procedures and pay any associated adoption fees.

\_\_\_\_\_ I understand that I must meet all adoption eligibility guidelines if I choose to adopt the foster animal (including limited number of adoptions).

\_\_\_\_\_ I understand in the case of a litter or group of animals, the foster care provider will have the first right to adopt one of the litter or group. All adoptions will take place at SCACC and follow its adoption policies and procedures.

\_\_\_\_\_ I will not take foster animals to another residence or permit anyone other than SCACC to remove the animals from my residence.

\_\_\_\_\_ I will not remove this foster animal from my premise listed on this application nor from Saginaw County without written permission from the Director or their designee.

\_\_\_\_\_ I recognize that I am required to adhere to all federal, state, and local laws pertaining to animals.

\_\_\_\_\_ Please note that all foster animals must be restrained and supervised at all times when outdoors.

\_\_\_\_\_ Neither I, nor anyone residing in my residence has ever been convicted of animal cruelty, neglect or abandonment in any state.

**By signing this document, I agree to the following terms (continue):**

\_\_\_\_\_ I will always transport animals in a vehicle using a harness or crate as required by SCACC or will assume all risks for not doing so.

\_\_\_\_\_ If this application is approved by Saginaw County Animal Care & Control, it will also serve as the foster contract and I am bound by its terms. In the event that I breach this contract, or do not return the animal(s) for medical care or upon the end of the necessary time commitment as designated by SCACC, the foster animal(s) will be removed from my home and permission to foster animals in the future through SCACC will be revoked. I consent to the entry of SCACC staff into my home for such removal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

SCACC Representative: \_\_\_\_\_ Date: \_\_\_\_\_



# COUNTY OF SAGINAW

## Animal Care & Control

1312 Gratiot Avenue, Saginaw, MI 48602

Phone: (989)797-4500 [scacc@saginawcounty.com](mailto:scacc@saginawcounty.com) Fax: (989)797-4509

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### Foster/Home Inspection Form

Date of visit: \_\_\_\_\_

Full name of applicant: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

I have inspected this foster/home inspection and found the conditions to be:

Pass

Fail

Re-inspect in 10 days

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicants Signature: \_\_\_\_\_

SCACC Representative: \_\_\_\_\_

**To be Completed by Saginaw County Animal Care and Control Personnel Only**

All residences of the home are to be present for the home visit? Yes No

How many people in the family? \_\_\_\_\_

Are children respectful of pets (your observation)? \_\_\_\_\_

How do family members react to each other? \_\_\_\_\_

Is the main caretaker physically able to care for animals? \_\_\_\_\_

Describe the street? Busy/quiet/in between? \_\_\_\_\_

Describe the setting? Rural/suburban/urban? \_\_\_\_\_

Condition of the house: \_\_\_\_\_

Hazardous items? \_\_\_\_\_

Poisonous plants? \_\_\_\_\_

Are there lots of stairs? \_\_\_\_\_

What type of flooring do they have? \_\_\_\_\_

Are there lots of small objects or knick-knacks at dog level? \_\_\_\_\_

Are living quarters animal friendly? \_\_\_\_\_

Is there a yard? \_\_\_\_\_



Condition of yard? \_\_\_\_\_

\_\_\_\_\_

Is the yard fenced in? \_\_\_\_\_

Are there any areas of gates or fence where an animal can slip out or dig under to escape or gain entry?

\_\_\_\_\_

Do you see current leashes/ harness if no fence? \_\_\_\_\_

\_\_\_\_\_

Is there a chain tie outside? \_\_\_\_\_

Shelter for animals when outside? \_\_\_\_\_

Do they have a pool/pond./stream/lake in/near their yard? \_\_\_\_\_

If yes, how do they plan to keep their animal secure from drowning? \_\_\_\_\_

\_\_\_\_\_

Where will the animal eat- is it a clean area? \_\_\_\_\_

What kind of food will the animal eat? \_\_\_\_\_

What foods are they currently using for other pets? \_\_\_\_\_

Where will the animal relieve itself? \_\_\_\_\_

Where will the animal sleep? \_\_\_\_\_

How will the animal get exercise? \_\_\_\_\_

Where will the animal stay when left home alone? \_\_\_\_\_

Will they allow animal to have free run of the house? \_\_\_\_\_

Will they allow the animal on furniture? \_\_\_\_\_

What will they do if the animal becomes very ill? \_\_\_\_\_

How will they housetrain? \_\_\_\_\_

How would/do they discipline the animal? \_\_\_\_\_

Are pets well cared for? \_\_\_\_\_

What if their current pet(s) and adopted rescue animal don't get along, what will they do?

\_\_\_\_\_

Officer's observation and comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did they react to my animal? \_\_\_\_\_

Are there any other concerns or limitations? \_\_\_\_\_

Do they have any concerns about the rescue animal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_