

Saginaw County Animal Care Center (SCACC) Animal Placement Program

Partner Application

Saginaw County Animal Care Center
1312 Gratiot
Saginaw, MI 48602
Phone: (989)-797-4500
Fax: (989)-797-4509

The goal of SCACC's Animal Placement Program is to maximize and expedite the transfer of potentially adoptable animals to shelters, breed placement groups, and other animal protection shelters.

Organization Information

Organization Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____ Fax: _____

Additional Business Locations: _____

Email Address: _____ Website Address: _____

Type of Organization

List species, specific breed and/or mixed breeds that are accepted: _____

Number of: Years in operation _____ Staff members _____ Volunteers _____

Is the organization a registered 501(c)3? Yes _____ No _____ If no, what type of entity is the organization? _____

Is the organization registered with the Michigan Department of Agriculture? Yes _____ No _____

Is the organization licensed by the Michigan Department of Licensing and Regulatory Affairs? Yes _____ No _____

Geographic area covered: _____

Facility Information

Type of Housing Offered: (check all that apply)

- Foster Homes
- Indoor Kennels
- Outdoor Kennels
- Boarding at vet clinic
- Kennel/Cattery
- Other _____

Type of Services Offered: (check all that apply)

- Breeder
- Rescue
- Foster
- Referral
- Transport
- Other _____

Does your organization have an animal age requirement and/or limitation? Yes _____ No _____

If yes, please specify age requirement/limit: _____

List capacity for: Dogs _____ Cats _____ Other _____

Does your organization euthanize animals and if so, what criteria is used to decide when and which animals will be euthanized? _____

For the last fiscal or calendar year, please list the following: Total intake _____ Total euthanized _____
Total Adopted _____ Total Reclaimed _____ Total Transferred out _____

Attach any reports, tables, charts, or graphs showing this data.

Do you spay/neuter all animals before releasing to a new adoptive home? If not, what animals do you release unsterilized and what are your follow-up protocols to ensure sterilization?

What is your adoption fee and what services do you provide for that fee? _____

Contact Information *(Please complete for each person acting on behalf of the organization/agency. If more than four, please provide additional names on a separate sheet of paper.)*

Name: _____
Title: _____
Address: _____
City/Zip: _____
Telephone: _____
Fax: _____
Email: _____
Driver's License #: _____
Date of Birth: _____

Name: _____
Title: _____
Address: _____
City/Zip: _____
Telephone: _____
Fax: _____
Email: _____
Driver's License #: _____
Date of Birth: _____

Name: _____
Title: _____
Address: _____
City/Zip: _____
Telephone: _____
Fax: _____
Email: _____
Driver's License #: _____
Date of Birth: _____

Name: _____
Title: _____
Address: _____
City/Zip: _____
Telephone: _____
Fax: _____
Email: _____
Driver's License #: _____
Date of Birth: _____

Animal Shelter References

(Please provide the name(s) of other shelters/agencies that also place animals in your care. If more than four, please provide additional names on a separate sheet of paper.)

Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Fax: _____

Email: _____

Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Fax: _____

Email: _____

Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Fax: _____

Email: _____

Name: _____

Address: _____

City/Zip: _____

Telephone: _____

Fax: _____

Email: _____

Please attach a copy of the following documents:

- 1) Organization's Mission Statement and Program Policies
- 2) Organization's Adoption Contract
- 3) Veterinary References
- 4) MDA and/or LARA licenses, registrations, or other certifications.

I ATTEST THAT INFORMATION IN THIS DOCUMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IF THIS ORGANIZATION IS APPROVED AS A PLACEMENT PARTNER, SAGINAW COUNTY ANIMAL CARE CENTER OFFICIALS HAVE THE RIGHT TO INSPECT ANY FACILITY AND ANY FOSTER HOMES ASSOCIATED WITH THIS ORGANIZATION AT ANY TIME. FAILURE TO COMPLY WITH AN INSPECTION REQUEST WILL RESULT IN MY ORGANIZATION NO LONGER BEING ALLOWED TO PULL ANIMALS THROUGH SCACC.

I HEREBY RELEASE SAGINAW COUNTY, THE SAGINAW COUNTY ANIMAL CARE CENTER, AND THEIR OFFICERS, EMPLOYEES, AND AGENTS, FROM ANY AND ALL LIABILITY RELATING TO THE ACTS OR OMISSIONS OF THE ORGANIZATION AS A PLACEMENT PARTNER, AND I AGREE TO INDEMNIFY THEM AGAINST ANY AND ALL CLAIMS RELATED TO SAME.

Authorized Signature

Date

Printed Name

Title