



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? |
|------|-------|-----|-------------|------------------|--------------------|----------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

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

STAFF USE

Adoption Counselor _____ Pet Recommendation _____
