



CAT Adoption Consultation Form

Date _____

This Animal Care Center is happy you have chosen us to look for a pet. We are responsible for all animals at this facility and reserve the right to place the animal in a home that will be both beneficial to the owner and the pet.

NAME: _____ ADDRESS: _____
CITY: _____ ZIP CODE: _____
PHONE-HOME: _____ WORK: _____
Email: _____

Household Information

- Own Rent/Lease home/apartment/condo Live with parents
If renting, Landlord's name/number: _____
- Number of adults in household: _____
- Number of children in household: _____ Ages of children: _____
- Does anyone in your household have allergies? Yes No
- Do you have any pets currently (cats/dogs)? No Yes If yes, please list below:

Type of pet	Breed (if dog)	Spayed/Neutered	Indoor/Outdoor

- Last 5 years, # of pets owned _____ What happened? _____
- Who is the cat for? Self Family Friend Relative Other
- What is the reason for adoption? Personal/Family Companion Child's Pet
 Companion for Pet Other _____

Expectations/Commitment:

9. Are you prepared to have this cat/kitten fixed if not done so already? Yes No

10. What veterinary do you/will you use? _____

11. Where will you keep your new cat?

- In the house only Inside/Outside
 Outside At work with you
 Other _____

12. Who will be responsible for this cat? _____

13. Have you ever adopted or rescued a cat before? Yes No

THE SAGINAW COUNTY ANIMAL CARE AND CONTROL CENTER RESERVES THE RIGHT TO DENY THE ADOPTION OF ANY ANIMAL ENTRUSTED TO ITS CARE, ON ANY OCCASION, AND FOR ANY REASON IT DEEMS AS SUITABLE.

STATEMENT: The above mentioned information has been given the Saginaw County Animal Care and Control Center and is to the best of my knowledge fact. I will spend the time and money necessary for the lifetime of my pet.

Signature of prospective pet owner

TAG # _____ CARD # _____ Breed _____

Approved by: _____

Once filled out, please save and email to scacc@saginawcounty.com.