

## St. Clair County Animal Control

3378 Griswold Road, Port Huron, Michigan, 48060 Office (810) 984-3155 Fax (810) 984-3156

## **Adoption Application**

Name
Street Address
City/State/ZipCounty
Email address
Phone number
Cell phone or secondary number
Do you rent or own your home? Rent Own If you rent, please review your lease regarding possession of animals
Are you interested in $\square$ Cats $\square$ Dogs $\square$ Kittens $\square$ Puppies
If interested in dogs, do you have a fenced-in yard? If no fencing how will you exercise the dog outside?
Do you have children that live with you or visit you often (grandchildren, childcare etc)
☐ Yes ☐ No
Are there any residents of your home that are allergic to cats or dogs?  Yes No
Please list all pets at your house. Please include ages, gender, breed and if they are spayed/neutered.

We require that dogs in the home are up-to-da an animal from a shelter environment, we reco preventative like fleas and ticks, and heartwor on a flea/tick preventative. Are your animals	ommend dogs are up to date on DHLPP, extern preventative. We recommend cats are FV	ernal parasites	
☐ Yes ☐ No If no, do you plan to vaccin	ate them prior to adopting?		
Are your dogs licensed, if yes, what county?			
☐ Yes ☐ No County:			
Will you need information or support on basic	training (house breaking, chewing, socialize	ation etc)?	
Current veterinarian (name, address, phone) _			
The information contained in this application my time and attention as many dogs and cats report training needs.	-		
Signature	Print name	Date	
*This application is not a guarantee that the animal you wish to adopt will be available.  *St. Clair County Animal Control reserves the right of refusal of any applicant.			
Office Notes:			