



St. Clair County Animal Control

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

Pre-Screening Application

Name _____

Street Address _____

City/State/Zip _____ County _____

Email address _____

Phone number _____

Cell phone or secondary number _____

Type of Dwelling

- Single family home
- Apartment
- Condo
- Trailer

How long have you lived at this address? _____

Do you rent or own your home? Rent Own

If you rent, please provide your landlords name and contact number or an approval letter with contact information.

Do you have a fenced yard? yes no

If no fence; how will you secure dog outside? _____

Do you give a representative from SCCAC permission to do a home visit prior to adoption?

yes no

Please list all people living in your house (**names and ages**)

Do you plan on adding children to the family in the near future?

yes no

Do you have children that 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.**

Are your animals up to date on vaccines?

yes no

Are your dogs licensed, if yes, what county?

yes no County _____

Are your animals on heartworm preventative (applies to dogs only)?

yes no

What is your approach to training (house breaking, chewing etc)?

Do you prefer an indoor or outdoor pet?

indoor outdoor

How many hours a day will your new pet be alone? _____

Where will your pet sleep at night? _____

Who will care for your pet while you are on vacation? _____

Have you ever surrendered a pet? yes no

If yes, for what reason? _____

If no, under what circumstances would you surrender a pet?

Current veterinarian (name, address, phone) _____

How long have you been using the services of this veterinarian? _____

