

TEAM SUZY AND MICHIGAN HUMANE
COMPANION PET PROGRAM

Grant and Adoption Questionnaire

I am interested in a (check one): Dog Puppy Cat Kitten

Contact Information:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell?: Y | N Best Time to call: _____

What type of home do you live in? (e.g. house, apartment, condo, townhouse)

Does the adoption home have a fenced yard? Yes No

Have you or your loved one ever owned a pet before? Yes No

How many people live in the home? _____

Are there children in the home? _____ If so, how old are they? _____

Does anyone caring for the pet have known allergies to dogs or cats? _____

Please describe your household: Active Noisy Quiet Average

Other: _____

What is your preferred level of exercise with a dog?

Couch Potato Short walks Long walks Yard Exercise

Other: _____

Describe your ideal pet: _____

Where will the pet spend the day?: _____

Other information you would like to share:

By agreeing to participate in the Companion Pet Program, you understand that pet adoption is an agreement between you and Michigan Humane.

Team Suzy will issue a monetary grant to help with the care of the pet once you are approved by both Team Suzy and Michigan Humane.

Team Suzy and Michigan Humane reserve the right to use all data collected, images and stories collected, names and events along with timelines during the adoption process.

Applicant name (please print): _____

Applicant signature: _____

Date: _____

Please submit the completed application:

By Email: Hello@teamsuzy.com

By Mail: Team Suzy
Attn: Grant Review Team
#P.O. Box 725009
Berkley, MI 48072

Please retain a copy of your application for your records. A representative from Team Suzy will contact you after reviewing your application.

THANK YOU FOR CHOOSING TEAM SUZY