

CASE # _____

SARASOTA COUNTY SHERIFF'S OFFICE

ANIMAL SERVICES SECTION
8451 BEE RIDGE ROAD
SARASOTA, FLORIDA 34241
(941) 861-9501

APPLICANT NAME: _____ DATE: _____

ADDRESS: _____ APT/LOT #: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE : _____

EMPLOYER'S NAME AND ADDRESS _____

PHONE : _____

DRIVER'S LICENCE: _____

1. What kind of pet are you here to adopt? (CIRCLE ONE) DOG PUPPY CAT KITTEN

2. Is this your first experience with a pet? YES / NO

3. What are your reasons for wanting to adopt a pet?
Child's Pet _____ Family Pet _____ Companion _____ Other _____

4. Do you have a veterinarian? No _____ Yes/Who? _____

5. Are you currently living in an Apt. _____ House _____ Duplex _____ Mobile Home _____

6. Do you own _____ rent _____ ? If you rent, who is your landlord, and do they allow pets? _____

7. How long have you lived at your current residence? _____

8. How many people are living at your residence ? Adults _____ Children _____ ages _____

9. Does anyone in your house have allergies ? _____

10. List the pets that are living at your residence now:
NAME TYPE AGE SPAY.NEUTER CURRENT RABIES

11. How many pets have you owned in the last 5 years ? DOG _____ CAT _____ OTHER _____
Do you still have these pets ? YES _____ NO _____ If no, list the pet(s) and what happened to them:

12. Is your yard completely fenced ? YES _____ NO _____ If no, how will you exercise your pet?

13. Who will care for your pet while you are away on vacation, emergencies, etc. ?

14. Where will the pet stay at night ? _____ During the day ? _____

15. Are you familiar with the ordinances for licensing and controlling your pet ? _____

16. Do you object to Animal Services doing a house check before your adoption ? YES _____ NO _____

17. List one local reference: NAME _____
ADDRESS _____ PHONE _____

HOW DID YOU HEAR ABOUT OUR ADOPTION SERVICE ?

