

Sarasota County Sheriff's Office

8451 Bee Ridge Road

Sarasota, FL 34241

Phone 941.861.9500

Fax 941.316.1086



Animal Services Section

Adoption Application

SO-018 (rev.02-23)

GS1-234

WELCOME TO ANIMAL SERVICES!

We are glad you have decided to adopt a new pet from our organization. The welfare of our animals is our top priority. Our Animal Care Technicians will use the following information to assist you in finding the animal most compatible with your lifestyle. The majority of our adoptable animals come into our shelter as strays. We **cannot guarantee the health or behavior of any of our animals because their history is generally unknown.** There is a chance our animals may be incubating a disease without showing any clinical signs. Because of this possibility, we strongly recommend you take the animal to your vet as soon as possible for an examination.

Our standard adoption fees are \$60 for cats and \$70 for dogs.

All dog and cat adoptions include:

- Exam by an Animal Care Technician
- Initial vaccines
- Deworming
- Advantage Multi (cats) and Heartgard/Nexgard (dogs) while under our care.
- Current rabies vaccine and county license, or a prepaid voucher.
- Spay or Neuter (§823.15, Fla. Stat. requires any dog or cat adopted from an animal shelter must be surgically sterilized.)
- Microchip
- Feline Leukemia/FIV testing (cats only)
- Heartworm testing (dogs six months of age or older only)

In order to be considered as an adopter, you must:

- Be 18 years or older
- Have valid identification showing your present address.
- If you rent, you must provide a copy of your lease with pet policy agreement and/or your landlord's name and phone number.
- Be able and willing to commit to spend the time and money necessary to provide adequate training, medical treatment, and care for the pet's lifetime.
- Any dogs, cats, and/or ferrets currently in the home must be up to date on their rabies vaccines.

We reserve the right to refuse adoption to anyone for any reason including but not limited to, the following criteria: persons with a history of losing, giving away, abusing, selling, or having animals that were injured or killed by a moving vehicle. We may also check with your veterinarian for a reference. No animal will be adopted to anyone who misleads or fails to provide accurate information on the adoption application.

Hours of Operation: Mon-Fri 9:00 a.m. - 4:30 p.m., Sat 10:00 a.m. - 4:30 p.m., Sun 12:00 p.m. - 3:00 p.m.

Visit our website: www.SarasotaSheriff.org

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Applicant name(s): _____

Address: _____ Apt/Lot#: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____ Email: _____

Employer's name: _____ Phone: _____

Address: _____

Driver's license#: _____ State: _____ DOB: _____

1. What kind of pet are you looking to adopt? DOG CAT OTHER: _____

*Animal's Name: _____

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

3. Why do you want to adopt this animal? Child's Pet Family Pet Companion

Other: _____

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

5. List the pets currently living in your residence.

Name	Breed	Age	Spayed/Neutered	Current Rabies Tag#

6. How many pets have you owned in the past five years? Dog _____ Cat _____ Other _____

*Do you still have these pets? YES NO

If no, list the pets and what happened to them: _____

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7. Are you currently living in an: Apartment/Condo House Duplex
Mobile Home Other _____

8. How many people are living in your residence? Adults _____ Children _____ Ages _____

9. Does anyone in your household have allergies? No Yes/Type _____

10. Do you own your residence? YES NO

* If you rent, do you have a pet policy agreement? YES NO

*Who is your landlord? Name: _____ Phone: _____

11. How long have you lived at your current residence? _____ Years _____ Months

*What would you do with the animal if you move during its lifetime? _____

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 vacations, emergencies, etc.? _____

14. Where will your pet stay during the day? _____ At night? _____

15. Are you familiar with the ordinances for licensing and controlling your pet? YES NO

16. Do you object to a house check prior to adoption? YES NO

17. Have you previously completed an application for Animal Services? YES NO

When? _____

18. How did you hear about our facility? _____

19. List one *local* reference: Name: _____ Phone#: _____

Address: _____

20. Please list any additional information that may be helpful in evaluating your application: _____

I certify that the statements made on this application are true and accurate to the best of my knowledge. I understand that any false statements may lead to the rejection of my application.

Signature: _____ Date: _____