



# Satchel's Last Resort

Rescue  Rehab  Rehome

(941) 924-5070  
info@satchelslastresort.com  
www.satchelslastresort.com

Thank you for your interest in saving a life by adopting an animal from Satchel's Last Resort! The following information is required so that we can assist you in the selection of a new family member. The information you provide will be held in the utmost of confidence, and will only be used for the adoption process. All questions **MUST** be answered. If a question does not pertain to the particular animal you are inquiring about, write N/A. Incomplete applications will **NOT** be considered.

In order to be considered for an adoption you must meet the following criteria:

- Be at least 21 years of age (negotiable)
- Have identification showing your present address
- Have the consent of all adults living in the household
- Own your own home, or have the landlord's consent to bring an animal into your apartment

*Completion of this application does **not** guarantee the adoption of an animal in our care*

Date \_\_\_\_\_

I am interested in Adopting:  Puppy  Kitten  Dog  Cat  Senior  Special Needs

Name of animal interested in (if applicable)  
\_\_\_\_\_

Reason for adopting:  Companion  Companion for another pet  Watch/guard dog  Hunting  
Personal protection  Other (specify) \_\_\_\_\_

Have you ever adopted from us before?  Yes  No

If yes, when \_\_\_\_\_

8101 Coash Road, Sarasota, FL 34241  [www.satchelslastresort.com](http://www.satchelslastresort.com)

Satchel's Last Resort is a qualified tax exempt charity under §501(c)(3) of the Internal Revenue Code and is registered with the Florida Department of Agriculture Consumer Services under §496.405, Registration No. CH38125.



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## ADOPTER INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Are you a full-time FL resident? Yes No

If no, what other state do you reside in? \_\_\_\_\_

Have you ever been charged with or convicted of animal abuse, neglect, or cruelty? Yes No

If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## CURRENT LIVING ARRANGEMENTS

Single-Family Home   Condo   Apartment   Mobile Home   Other (specify) \_\_\_\_\_

Do you   Own   Rent - Landlord's Name \_\_\_\_\_ Telephone \_\_\_\_\_

How many adults are there living in the home where this pet will be? \_\_\_\_\_

How many children? \_\_\_\_\_ Ages? \_\_\_\_\_

Is anyone in this household allergic to animals?   Yes   No

Do you have a backyard?   Yes   No   If yes, is it fenced on all sides?   Yes   No

Height of fence \_\_\_\_\_

Type of fence   Chain Link   PVC   Wood   Other (specify) \_\_\_\_\_

Do you have a pool?   Yes   No   If yes, is there a fence around the pool?   Yes   No

## CARE OF YOUR NEW FAMILY MEMBER

Will someone be home during the day with this pet?   Yes   No   If yes, who?

\_\_\_\_\_

How many hours each day will this pet be without human companionship? \_\_\_\_\_

What sort of training do you plan/are willing to provide for this pet? (crate training, obedience class, etc.)

\_\_\_\_\_

How do you plan to exercise this pet?

\_\_\_\_\_

\_\_\_\_\_



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Where will this pet be kept during the day? \_\_\_\_\_ Where will this pet sleep? \_\_\_\_\_

If adopting a dog, will he/she be kept

In the house    Outside in kennel/dog run    Secured on chain/rope    Garage    Patio    In crate in house    Other \_\_\_\_\_

If adopting a cat do you intend to declaw him/her?    Yes    No

Will this cat be    Indoors only    Outdoors only    Both

If you drive a pickup truck, would you allow this pet to ride in the back?    Yes    No

Under what circumstances would give up this pet?

Excessive expenses    Got too big    Not enough time to spend with pet    Too energetic/hyper

Jumps on people/furniture    Housetraining/litter box problems    Aggression    Barking

Chewing    Digging    Biting    Scratching    Moving    Other \_\_\_\_\_

Do you travel?    Yes    No

If yes, how do you intend to provide for this pet while you're away? \_\_\_\_\_

What provisions will you make for this pet should you become unable to care for him/her?

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Are you willing to have a representative of Satchel's Last Resort come to see where this pet will be living?    Yes    No

If no, why not \_\_\_\_\_

Do you understand and agree that should you be approved for an adoption and it does not work out that this pet **MUST** be returned to Satchel's Last Resort ?    Yes    No

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**OTHER PETS**

Do you currently have pets? Yes No

If yes:

Sex/Type of	Age	Spayed/Neutered?		Current on vaccinations/ Heartworm prevention?	
		Yes	No	Yes	No
_____	_____				
_____	_____				
_____	_____				

Have you had pets in the past? Yes No

If yes, what happened to them? \_\_\_\_\_

\_\_\_\_\_

Have you ever turned a pet into a shelter? Yes No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you ever had a pet euthanized? Yes No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_



## REFERENCES

Give three references (***two non-family members***), and veterinarian

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

If you have used a vet in the past:

Veterinarian's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name and type of animal registered with this clinic:

\_\_\_\_\_

Name of owner:

\_\_\_\_\_

If you never have had a pet, please give us the name and number of the vet you are planning to use:

Veterinarian's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_



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## COMMENTS

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Satchel's Last Resort reserves the right to reject any application for adoption. Applicant, by signing below, gives permission for a representative of Satchel's Last Resort to contact references and landlord (if applicable) provided on this form, and make a home visit prior to adoption. Applicant further acknowledges that all information contained in this application is true and correct, and that any misrepresentation may result in the removal of the adopted pet if adoption is approved. Applicant understands there is an adoption fee due at the time of adoption.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Application can be mailed to:  
Satchel's Last Resort  
8101 Coash Road  
Sarasota, FL 34241**

**You may also submit your application by sending it to  
[comments@satchelslastresort.com](mailto:comments@satchelslastresort.com) as an attachment.**

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