



1125 EASTERWOOD DRIVE ♦ TALLAHASSEE, FLORIDA 32311  
 PHONE (850)891-2950 ♦ FAX (850)891-2977 ♦ TALGOV.COM/ANIMALS  
 TUES – FRI 10:30-6:30 ♦ SAT 10:00-5:00 ♦ SUN 1:00-5:00 ♦ CLOSED MONDAY

### EUTHANASIA REQUEST FORM

**Owner Information**

NAME			DATE OF BIRTH		
ADDRESS					APT
CITY		COUNTY	STATE		ZIP
HOME PHONE (     )		WORK PHONE (     )		CELL PHONE (     )	
EMAIL ADDRESS					
DRIVER'S LICENSSE INFORMATION					
State of Issue:		DL Number:		DL Expiration Date:	

**Animal Information:**

NAME		AGE	SEX	
		<input type="checkbox"/> months <input type="checkbox"/> years	<input type="checkbox"/> intact male <input type="checkbox"/> intact female <input type="checkbox"/> neutered male <input type="checkbox"/> spayed female	
SPECIES <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify)		BREED <input type="checkbox"/> Purebred <input type="checkbox"/> Mix	COLOR	
MICROCHIP? <input type="checkbox"/> no <input type="checkbox"/> yes chip #:		How long have you been caring for this animal?		
Has this animal bitten anyone in the past 10 days? <input type="checkbox"/> yes <input type="checkbox"/> no	If Yes: Date of bite?	Did it break the skin? <input type="checkbox"/> yes <input type="checkbox"/> no		
		Did you reported it Leon County Animal Control? <input type="checkbox"/> yes <input type="checkbox"/> no		
FAMILY VETERINARIAN NAME		FAMILY VETERINARIAN PHONE		
DATE OF YOUR PET'S LAST VETERINARY EXAM				
REASON FOR EUTHANSIA				

I certify that I am the owner of this animal and that I am requested the Tallahassee-Leon Community Service Center (ASC) to humanely euthanize my pet. I further certify that the information I have provided on this form is true. I understand that I must pay a \$25 fee for my pet to be euthanized. I request that my pet's body be:

- Cremated by the ASC (animals undergo group cremation and ashes will not be available for pet owners)
- Immediately returned to me for burial on my property. I understand that Florida Statute 823.041 requires that animal remains be buried at least 2 feet below the surface of the ground.

For Office Use Only:

\_\_\_\_\_  
Pet Owner's Signature

\_\_\_\_\_  
Date

Animal ID : A _____
Scan #1 By: _____ Neg Found
Chip #: _____
ET Approved By: _____