



Humane Euthanasia Request Form
 1125 Easterwood Drive ♦ Tallahassee ♦ Florida ♦ 32311
 (850) 891-2950

Owner Information

Owner's Name:		Owner's DOB:	Today's Date:
Address:		City/State:	Zip:
Phone #:	Phone #:	E-mail Address:	
Driver's License Number:		Issuing State:	

Pet Information

Pet's Name:	Pet's Age:	Pet Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other	
Pet's Breed:	Pet's Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pet's Color / Descriptive Markings:			
Has Your Pet Bitten OR Scratched Anyone In The Last 10 Days?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
When Was Your Pet Last Seen By A Veterinarian?		Veterinarian Used?	
How Long Have You Owned Your Pet?			
Reason You Are Requesting Euthanasia?			

General Statements

I certify that I am the legal owner of the animal described on this form and that all information provided is true and accurate. By signing below, I surrender ownership of this animal to Tallahassee Animal Services (TAS). I understand that the \$25 fee covers an assessment to determine whether euthanasia is the appropriate and humane course of action. If euthanasia is warranted, TAS will proceed with euthanasia and communal cremation. If euthanasia is not warranted, my pet will be rehomed through rescue or adoption. I will not be contacted regarding the outcome either way.

I further understand that communal cremation means my pet's remains will not be returned to me. I also acknowledge that if this animal requires state-mandated rabies testing, an additional \$55 fee will apply.

Owner's Signature

Owner's Signature:	Date:
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Animal Service's Staff Use Only

Impound Number: A	Microchip Scan Results: Negative Positive Chip #
Received By:	Procedure Approved By (Manager's Initials):
Notes:	