



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	
<p align="center">I certify that I am the owner of this animal and that I am requesting Tallahassee Animal Services to humanely euthanize and communally cremate 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 this service, and an additional fee of \$55 should this animal require State rabies testing.</p>	
Owner's Signature	
Owner's Signature:	Date:

Animal Service's Staff Use Only	
Impound Number: A	Microchip Scan Results: Negative Positive Chip #
Received By:	Kennel Number:
Procedure Approved By (Manager's Initials):	
Notes:	