



## Marion County Board of County Commissioners

### Animal Services

5701 SE 66th St.  
Ocala, FL 34480  
Phone: 352-671-8700  
Animal Control: 352-671-8727  
Fax: 352-671-8717

## OWNER REQUESTED EUTHANASIA

### Owner Information:

Name: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_  
Email address: \_\_\_\_\_

I am requesting the euthanasia of my animal(s) due to the following reason(s):

\_\_\_\_\_

Injury/Illness? \_\_\_\_\_

Bite/Aggression? \_\_\_\_\_

Date of last bite: \_\_\_\_\_ This animal is not under quarantine: Yes No

Animal ID: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Microchip: \_\_\_\_\_

License: \_\_\_\_\_

Animal Type: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Weight: \_\_\_\_\_

Markings: \_\_\_\_\_

Impound Number: \_\_\_\_\_

### OWNER/AGENT CERTIFICATION:

I the undersigned, do hereby declare that I am the legal and rightful owner of the animal(s) described above, and do hereby make the County of Marion and its officers and agents free from any and all claims for damage, disposition or lawsuit which is pending or may be brought against me on behalf of the animal(s) described. I also certify that, to the best of my knowledge, the animal has not bitten any person or animal during the last ten (10) days, and has not been exposed to rabies. I further give my permission to the Marion County Animal Services department to dispose of this animal in any manner as prescribed by policy, regulation or law. I have read and understand this authorization. To the best of my knowledge, the information I have provided is true. I understand my request may be carried out immediately upon my signing this agreement. Fees for these services have been explained to me.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Animal Services Employee: \_\_\_\_\_ Date: \_\_\_\_\_