

FRANKLIN COUNTY DEPARTMENT OF ANIMAL CARE AND CONTROL

END OF LIFE AUTHORIZATION FORM

Check one:

- Owner or;
Authorized Agent

First Name: Last Name:

Address: City:

State: Zip Code: Phone Number:

Description of Animal:

Name of Animal: Microchip Number:

Age: Breed: Sex: Colors/Markings:

How long have you owned your pet? Reason for humane euthanasia?

Who recommended humane euthanasia? Veterinarian Court Ordered Other:

State law requires post euthanasia rabies testing of any animal who has bitten within the last ten (10) days.

- This animal has NOT bitten any person within the last ten (10) days.
This animal has bitten a person within the last ten (10) days.

Date of Bite: Name of Person Bitten:

Age: Address:

City/State/Zip: Phone Number:

As the owner of the animal described above, or duly authorized agent thereof. I hereby relinquish and transfer ownership of this animal to the Franklin County Department of Animal Care & Control. I have read, understand and agree to the following:

- I am the legal owner or duly authorized agent of the animal described above and to the best of my knowledge, the information I have provided on this form is true.
I give Franklin County Animal Care & Control's licensed veterinarians and veterinary technicians, full and complete authority to perform humane euthanasia of the animal described above.
If a Franklin County Animal Care & Control's veterinarian or veterinary technician find and determine there to be an alternative and viable option other than humane euthanasia, a call will be made to notify me.

Aftercare Options (choose one):

- I wish to have the remains of the above described animal privately cremated and returned to me. I understand that I am fully responsible for making arrangements with a cremation service.
I give permission for Franklin County Animal Care and Control to have the remains disposed of the above described animal and not returned to me.

Signature: Date:

FOR OFFICE USE ONLY

Person ID: Animal ID: Clerk First & Last Name:

