# OWNER RELEASE FOR EUTHANASIA / CREMATION

I certify that I am the owner or authorized agent of the owner for the animal described below and I authorize the FNSB Division of Animal Control to:

☐ **Humanely euthanize my pet**

Please provide a brief reason_____

☐ **Cremate my deceased pet**

**Unfortunately we are unable to save the remains for you.**
**Please contact a local veterinary office for private cremation service.**

This animal HAS☐ HASNOT☐ been involved in a bite incident within the last10 days.

## ANIMAL INFORMATION

Name _____ Color _____

Species _____ Age _____

Breed _____ Male / Female Neutered / Spayed

Does the pet have a microchip or tattoo? Yes ___ No___

## OWNER INFORMATION

Printed Name _____

Address _____
Street City State Zip

Cell Phone_____ Home Phone_____

_____ _____
**Owner Signature** **Date**

Euthanasia and cremation services are provided at no charge.
However, a donation to the Shelter Fund is always appreciated.

Written communications with public officials/borough employees generally are considered a public record and subject to disclosure (viewing and/or copying of the communication) pursuant to a public records request.

**(For Office Use Only)**

**Impound # _____ Date & Time _____**