Capital Area
Humane Society
adopt adore advocate

Owner Requested Euthanasia Services Form

Please help us provide great care for this animal by thoroughly completing the following information. Thank you!

Name: _____ Email: _____
First Last

Address: _____
Street City State Zip

Home Phone: _____ Alternate Phone: _____

Animal's Name _____ Animal's Age: _____

Reason euthanasia is requested: _____

To your knowledge, has this animal bitten anyone within the past ten (10) days? YES NO

Please review and sign below acknowledging the following:

- **I am the owner of this animal or the owner's representative acting upon the owner's consent.**
- **I understand that by signing this form, I am authorizing Capital Area Humane Society to humanely euthanize the animal described above and dispose of the remains in accordance with their policies.**
- **The CAHS is a nonprofit organization whose mission is to fight animal cruelty, help animals in need and advocate for their wellbeing. Nearly 10,000 animals are served by CAHS each year.**
- **I understand that CAHS requests a $60 payment for performing euthanasia services for the public.**
- **In acceptance of this animal by the Capital Area Humane Society, I hereby relinquish all ownership rights of the above companion animal. In doing so, and by my signature below, I agree to hereby hold the Capital Area Humane Society, its employees, members, trustees, directors, officers, agents, and any duly authorized representatives of the organization harmless and indemnify CAHS from any loss, injury, or other damage which may have occurred to any person or thing, prior to my surrender of this companion animal. By signing below, I am stating, under penalty of perjury, that I am the legal owner, or his/her authorized representative, that all information provided in the entirety of this form (one page) is true to the best of my knowledge and that I have provided full disclosure of any of the animal's temperament or health problems to CAHS.**

Print Name: _____ **Signature:** _____ **Date:** _____

For Office Use Only...

Species: _____ Breed: _____ Color: _____

PetPoint ID: _____ Staff Member: _____ Date: _____

Drivers License Number / Government ID: _____

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