

CITY OF IOWA PARK
ANIMAL CONTROL DIVISION

1619 FM 368 SOUTH IOWA PARK, TEXAS 76367 (940) 592-2181

EUTHANASIA RELEASE FORM

I hereby declare that I am the owner, or duly authorized agent for the owner, of the animal described on this form. I willfully surrender this animal to the Iowa Park Animal Control Division.

I hereby authorize Iowa Park Animal Control (or any other department requested under the authority of the Local Rabies Control Authority) to euthanize this animal and forever release the Iowa Park Animal Control Division from any and all liability for euthanizing and disposal of this animal.

I agree to pay the \$50.00 (fifty dollar) fee for euthanasia and I understand the fee must be paid prior to euthanasia of this animal.

To the best of my knowledge and belief, this animal has not bitten any person within the last 15 days and has not been exposed to the Rabies virus.

Owner's signature: _____

Animal's Name: _____ Age: _____ Sex: _____

Description: _____

Owner's Name: _____ Date: _____

Address: _____

Phone: _____ Driver's License #: _____