

Nancy J. Brua Animal Care Center

6799 E. Highway 90
Sierra Vista, AZ 85635
Phone: (520) 458-4151



Owner Request Euthanasia

Case ID
Species
Pet Name
Primary Breed
Crossbreed
Gender
Fee
Bites
Dangerous

Euthanasia Process:

_____ I certify that I am the owner or authorized agent for the owner of the pet described above. I consent to have my pet tranquilized, and then euthanized by the Nancy J. Brua Animal Care and Control Center Staff.

_____ I understand and abide by the rule that I will not be in the room with my pet, as per the policies of the Nancy J. Brua Animal Care and Control Center.

Disposition:

_____ I certify that I am the owner or authorized agent for the owner of the pet described above. I authorize a staff member of Nancy J. Brua Animal Care and Control Center Staff to euthanize this pet.

Disposition Options: Please initial the appropriate option below

_____ Home: I will be taking the remains of my pet home, for my own disposition, which the staff of the Nancy J. Brua Animal Care and Control Center Staff will place the pet in a body bag.

_____ Disposition by: Nancy J. Brua Animal Care and Control Center Staff. I authorize the Nancy J. Brua Animal Care and Control Center Staff to take my pet to the transfer station for disposition.

I surrender all interest in the above animal, and release same to the City of Sierra Vista Animal Shelter for euthanasia.

I certify that this animal has/has not bitten any human or animal in the past fourteen (14) days.

Signature: _____ Print Name: _____

Address: _____

Telephone Number: _____ Date: _____