Trap Agreement

Web Form

DATE_____

TIME_____a.m./p.m.

LEON COUNTY ANIMAL CONTROL

501-B Appleyard Drive Tallahassee, Fl 32304

606-5400 After-hours Emergencies 922-3300

Office Hours: 8-5 Monday-Friday

Field Hours: 8-6, Monday-Friday

(Please read the trap agreement request form and fill in the areas in **bold letters**.)

Name_____

Address_____

Home Phone_____

Work Phone _____

Animal Type: DOG CAT OTHER_____

Animal Description_____

Number of Target Animals _____

Specific location to set Trap_____

_____

In Response to Your Request for Service:

____**Please sign the trap agreement and either Drop off or Mail to the address above, or Fax to 606-5401**.

____Animal(s) are impounded at the Tallahassee-Leon Community Animal Service Center, 1125 Easterwood Drive, 891-2950.
Shelter Operational hours: Tuesday - Friday 10:30a - 6:30p, Sat. 10a - 5p Sun. 1p - 5p, Closed Monday and Holidays.

I hereby request that a humane live animal trap belonging to Leon County Animal Control be placed on my property, and I agree to the following conditions:

1. I will safeguard the trap and any animal trapped therein to the best of my ability.
2. I will not permit its use by anyone else.
3. I will notify Animal Control promptly when an animal is trapped therein.
4. Animals caught in traps during off-duty hours will be picked up the next day, except during adverse weather conditions, when the animal is sick or injured, or the animal is a bite animal. In such cases, I will contact Animal Control after-hours through the Sheriff's Office at 922-3300. An on-call Animal Control Officer will respond.
5. I understand that the trap will be set at the discretion of Animal Control, and may be pulled after 24 hours.
6. I understand that Animal Control may enter my property at any reasonable time to monitor the trap. This trap, unless otherwise arranged, will be monitored by Animal Control daily. Animal Control reserves the right to refuse to set traps according to location or circumstances. **No trap will be set without a requester's signature.**

_____ _____

Requester's signature **Date signed** Animal Control Officer Date received

Date	S	C	T	R	P	ACO	Arrive	Clear	Breed/Sex/Color/Age/Tag	Imp Tkt-/-Kennel #
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										/_____
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