Leon County Animal Control Trap Agreement

911 Easterwood Drive Tallahassee FL 32311 (850) 606-5400
Office Hours: 8-5 Monday-Friday
After-hours Emergencies (850) 606-5800

DATE:_____
TIME:_____a.m./p.m.

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

Name:_____ **Animal Type:** *(Please Circle)* DOG   CAT
Address:_____ **Animal Description:**_____
Home Phone:_____ **Number of Target Animals:**_____
Work Phone:_____ **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 Consolidated Dispatch Agency at 850-606-5800. 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