



**PINAL COUNTY  
ANIMAL CARE AND CONTROL**

**E. Jane Decker, CPM Director**

**RECEIPT OF PRE-QUARANTINE DISPOSAL**

**Pre-quarantine disposal fee of \$135.00 is due at the time of impound**

ACR NO. \_\_\_\_\_ ANIMAL NO. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_ MICROCHIP NO. \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_\_

Vaccination Information \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_

Color \_\_\_\_\_

Ears \_\_\_\_ Coat \_\_\_\_ Tail \_\_\_\_ Collar \_\_\_\_\_

Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

I, \_\_\_\_\_, as the owner hereby release to PCAC&C the animal described above.

This animal will be held for 24 hours prior to being euthanized and tested for rabies pursuant to PCAC Ordinance 42303 Section 1009 E 2 and ARS 11-1014 E 2.

**I understand that if I do not contact PCAC&C within the 24-hour period I have relinquished ownership of the animal described above. X \_\_\_\_\_**

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Officer

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_