



## GUILFORD COUNTY ANIMAL CONTROL TRAP AGREEMENT

Animal Control Program  
1203 Maple Street  
Greensboro, NC 27405  
336-641-5990 336-641-5997 (Fax)

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Animal Type: Dog, Cat, Other \_\_\_\_\_ Number of target animals \_\_\_\_\_

Specific location of trap \_\_\_\_\_

I hereby request that a humane live trap belonging to Guilford County Animal Control be placed on my property. 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 the use of this trap to anyone else.
3. I will notify Guilford County Animal Control promptly when an Animal is in the trap.
4. Any animal caught in the trap during off duty hours will be picked up the next business day. (I.e. except when the animal is sick or injured, or the animal has bitten someone). In either of these cases, I will contact Guilford County Animal Control after hours by calling 911. An on-call Guilford County Animal Control Officer will be notified.
5. I understand that the trap is set at the discretion of Guilford County Animal Control, and may be pulled after (5) days of service.
6. I understand that Guilford County Animal Control may enter my property at any reasonable time to monitor the trap as needed. Guilford County Animal Control reserves the right to refuse to set traps according to location or circumstances.
7. I understand that I am responsible for replacing the trap/traps if stolen or damaged during the time the trap/traps are on my property.

No trap will be set without a signature from the requestor.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACO Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NC Drivers License Number

April2010