ANIMAL SURRENDER FORM

Office Use Only
Records Department

File No: LA/06/01

Document No:

PRINT clearly and provide proof of identification

I, _____
(owner's full name)

of _____
(owner's full address)

being the owner of the animal described below:

Type of Animal: ☐ Dog ☐ Cat Name of Animal: _____

Breed of Animal: _____

Sex: ☐ Male ☐ Female Desexed: ☐ Yes ☐ No Animal Reg no: _____

Colour of Animal: _____ Age of Animal: _____

Details of medical, dietary, bathing or grooming requirements: _____

_____

_____

Vaccination: ☐ Yes ☐ No Heartworm Treatment (dogs): ☐ Yes ☐ No

Behavioural Problems? ☐ Yes ☐ No Please describe: _____

_____

_____

Microchipped: ☐ Yes ☐ No Microchip Number: _____

Reason for surrendering animal:

☐ 1. The owner is no longer willing or able to care for that animal, OR

☐ 2. Other reason: _____

I do hereby give permission for the authorised officer of Council to take possession of the animal described above and to deal the animal at the Council's discretion.

Signed: _____ Date: _____
(owner's signature)