

DOG SURRENDER DECLARATION FORM

OWNER Surname: _____ First Name: _____
 Address: _____
 Town: _____
 Date of Birth: _____
 Telephone: _____

DOG Male _____ Female _____
 Sterilized _____ Entire _____
 Age _____ Years: _____ Months: _____
 How Long Owned _____ Years: _____ Months: _____
 Breed: _____
 Colour: _____
 Name: _____
 Registration/
 Microchip No: _____
 Reason for Surrender: _____

Date of Last Vaccination: _____

House Trained	Yes	No
Good with Children	Yes	No
Sociable with Dogs	Yes	No
Sociable with Cats	Yes	No
Any Health or Skin Problems	Yes: _____	No
Any Bad Habits	Yes: _____	No

I declare that I am the person named above and that the dog described above is owned by me. I also declare that no other person has any pecuniary interest in this animal whatsoever. I further declare that the information above is true and correct in every detail. I understand that the dog once handed to the Authorised Officer may immediately be sold or destroyed at the sole discretion of the Authorised Officer. My signature below is proof that I have relinquished all rights of ownership of the dog described above. I am fully aware that I do not exonerate myself from any legal action considered by Council in surrendering this animal.

Signature of Owner _____ Date: _____

Method of Identification: _____

Signature of Authorised Officer _____

