

ANIMAL SURRENDER REQUEST FORM

Owner Details: (Please Print)

Name: _____; D.O.B _____

Address: _____

Telephone(Home): _____; (Mobile/Work): _____

Animal Details:

Type/Breed: _____ Colour: _____

Name: _____; Age: _____; Sex: Male Female;

Registration #: _____ De-sexed: Yes No unknown;

Microchip No (if known): _____

Reason for surrender: _____

Animal History

Length of Ownership: _____

House Trained: Yes No Toileting Issues: Yes No

Primarily Housed: Indoors Outdoors Both History of Escape: Yes No

Has your pet lived with:

Children Dogs Cats

Other Animals (Please Specify) _____

Known medical conditions: _____

Has your pet ever demonstrated any of the following behaviours or acts:

Aggression Resource Guarding Territorial Behaviour

Protective Behaviour Antisocial Behaviour Attacked a Person or Animal

Bitten a Person or Animal

Please read this statement carefully. The following statement summarises your legal position when you surrender your pet/animal to an Authorised Officer of the Knox City Council.

1. That I am the owner of the above-mentioned animal and hereby declare that no other person has any proprietary interest therein.
2. I, the owner, am no longer willing or able to care for this animal.
3. I hereby surrender all rights, title and interest in this said animal to the Knox City Council and agree that the said animal shall become the sole and absolute property of Knox City Council who are hereby authorised to hold, sell or destroy this animal.
4. I hereby agree to indemnify the Knox City Council and keep the Knox City Council so indemnified against all claims (if any), cost and expenses whatsoever arising out of any action by any person claiming an interest contrary to that expressed in item 1 herein.
5. I relinquish all claims to the animal herein described.
6. I am aware that Knox City Council is not able to guarantee a home.
7. Animals that are not suitable for adoption will be euthanased.
8. I am aware that my dog/cat may therefore be euthanased (put to sleep by lethal injection) within a few hours of admission, if the animal is not considered suitable for adoption.

I certify that I have read, understood and agreed to the above. I certify that I am the true owner or have the owner's authority to surrender the above said pet/animal

Signature: _____ Date: _____

Full Name: _____
(Print)

Identification Type: _____; Identification Number: _____

Identification Expiry: _____

You will be required to produce this identification for verification upon attendance of an Authorised Officer of Knox City Council.

This form must be completed, signed, and submitted to Council before your request to surrender an animal can be processed. Completed forms can be sent to:

Knox Civic Centre, 511 Burwood Highway Wantirna South VIC 3152; or

communitylaws@knox.vic.gov.au