



## ANIMAL SURRENDER FORM

Transfer of ownership to Greater Shepparton City Council

### ANIMAL DETAILS

Animal Type: Dog Cat Other:  
Breed: Animal Name:  
Colour/Markings: Age:  
Sex: Male Female Desexed: Yes No  
Microchipped: Yes No Microchip No:  
Registered: Yes No Registration No:  
Vaccinated: Yes No Vaccine date: Type:

### DECLARATION OF OWNER OR AUTHORISED PERSON

I (full name) Telephone:

of said address:

being a person over the age of 18, hereby declare that:

I am the owner of the animal described above and I am no longer willing or able to care for the above animal: or

The owner of the animal described above is:

of said address:

telephone no: relationship to owner:

and I am authorised by the said owner to surrender the above animal as the owner is no longer willing or able to care for the above animal. I supply the following documentation as proof of authorisation by owner for agent to surrender animal on the owners behalf (eg: power of attorney, signed letter):

Reason for surrender of animal: I am unable or unwilling to care for the above animal because:

I hereby acknowledge that by Council taking possession of the animal, the ownership of the animal passes from the owner to the Council; and Council must deal with the animal in accordance with the State Legislation regulations and any relevant Code of Practice. I hereby agree to indemnify the Council from any loss or liability that may be incurred as a result of any inaccuracy, whether intended or otherwise, in this declaration.

Signed: Date:

Witness Signature: Name:

**Please read the back of this form**

Ownership Confirmed: Yes No Notes:

# ANIMAL SURRENDER FORM



## QUESTIONNAIRE

Please answer the following questions in relation to the animal surrendered. Please note that the questionnaire is not compulsory but will assist the Shepparton Animal Shelter in determining the best outcome for the animal.

Vet Clinic attended:

## VETERINARY CARE

Vaccination: Yes No  
Vaccination type: C3 C5 F3 F4 FIV Date:  
Wormed: Yes No Date:  
Flea Treatment: Yes No Date:  
Heartworm treated: Yes No Date:  
Ongoing veterinary conditions or medication?

## HOME ENVIRONMENT / HISTORY

How long have you owned the animal?  
Where did your animal live? Inside Outside Both Inside and Outside  
What type of home? Older person Adults Older children Younger children  
How much attention did animal receive? Minimal Morning/night only All day/night  
How many times was the dog walked per week (on average)?  
House trained? Yes No Details:  
Litter trained? Yes No Details:  
Formal training? Sit Stay Drop/down Come Details:  
Is the animal friendly to? Children Dogs Cats Other animals Details:  
  
What type of food do they prefer?  
What type of toys do they play with?  
How do you describe your animals behaviour?  
How do you describe your animals temperament?  
Any other comment or information that may be beneficial:

## DOGS ONLY

What type of fencing did you have? 5-6ft 3ft Farm fences only Wood /colourbond  
Wire/mesh Good condition Poor condition  
Does the dog have any of the following issues: Barking excessively Anxiety Escaping  
(How many times? How does it get out? ie under/over/through/climbing provide detail)  
Details:  
Has the dog ever:  
Rushed aggressively at a person or animal: Yes No Details:  
Attacked/bit a person: Yes No Details:  
Attacked/bit an animal: Yes No Details:  
Details: