



Date: _____

CRM: _____

Dog Surrender Form

Regulatory Services Authority to Take Ownership of a Dog

I, _____ am the owner/person in charge of the following dog:

Dog's Name: _____ Age: _____ Breed: _____

Microchip No. (if known): _____

Address where dog is kept: _____

Colour: _____ Please circle - Sex: Male / Female De-sexed: Yes / No

Reason for Surrender

I hereby voluntarily surrender the abovementioned dog and authorise Regulatory Service

Officer, _____ to unconditionally take ownership of the dog.

I acknowledge and agree that I shall have no further claim to this dog.

OWNER/PERSON IN CHARGE OF DOG

Name: _____

Postal Address: _____

DOB: _____

The details above are true to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____

(Council Staff Member)