|  |  |
| --- | --- |
| **Owner Details** |  |
| First Name       | Last Name       |
| Address       | PostCode |       |       |       |       |
| Home Phone       | Work Phone       | Mobile       |
| **Animal Details** |
| [ ]  Dog [ ]  Cat [ ]  Other | Animal Name:       |
| Breed:       | Colour:       | Age:       |
| Sex: [ ]  Male [ ]  Female [ ]  Unknown | Desexed: [ ]  Yes [ ]  No [ ] Unknown |
| Registration No:       | Microchip No:       |
| **Behavior** |
| Aggressive: [ ]  Yes [ ]  No | Timid: [ ]  Yes [ ]  No | Wild/Feral (Cat): [ ]  Yes [ ]  No |
| **General information and history of animal** |
| Is your animal housetrained? [ ]  Yes [ ]  No |
| Why are you surrendering this animal?       |
| If we can help you resolve the issue would you be interested in keeping the animal? [ ]  Yes [ ]  No |
| How long have you had this animal:       [ ]  Mths [ ]  Yrs |
| Where did you get this animal?       |
| Including yours, how many homes has this animal had?       |
| **Medical History** |
| Does this animal see a vet once a year: [ ]  Yes [ ]  No [ ]  Not sure |
| Is the animal on heartworm treatment: [ ]  Yes [ ]  No [ ]  Not sure |
| Is the animal currently vaccinated: [ ]  Yes [ ]  No [ ]  Not sure |
| Has the animal ever been hit by a car or required other surgery? [ ]  Yes [ ]  No [ ]  Not sureIf yes please provide details:       |
| Has the animal been diagnosed with and/or treated for any of the following:-[ ]  Allergies [ ]  Upper Respiratory Infection [ ]  Heart Murmur [ ]  Epilepsy or seizures [ ]  Thyroid disease [ ]  Tumors [ ]  Urinary tract infection [ ]  Organ Failure [ ]  Diabetes [ ]  Other (please detail)       |
| **Personality** |
| How would you describe your animal most of the time?[ ]  Very Active [ ]  Friendly with family [ ]  Friendly with visitors [ ]  Lazy [ ]  Shy with family [ ]  Shy with visitors [ ]  Playful [ ]  Talkative [ ]  Affectionate [ ]  Independent [ ]  Aloof [ ]  Quiet [ ]  Lap Dog [ ]  Withdrawn [ ]  Fearful [ ]  Fearless .[ ]  Solitary [ ]  Other (please detail)       |
|  |
| **Lifestyle and home** |
| What areas of your home does the animal have access to?[ ]  Outdoors only [ ]  Indoors at night [ ]  Indoors with outside access [ ]  Other (please detail)       |
| Has this animal lived with other animals? If so what kind and how did they interact?[ ]  Dog [ ]  Cat [ ]  Other (please detail)      [ ]  Good [ ]  Not good [ ]  Friends [ ]  Caused animal stress [ ]  Other (please detail)        |
| Has this animal regularly been around children?[ ]  Yes [ ]  No [ ]  Not sure If yes, did it interact well?[ ]  Yes [ ]  No  |
| This animal is most comfortable around:-[ ]  Men [ ]  Women [ ]  Children [ ]  Teenagers [ ]  Seniors [ ]  Anyone  |
| **Dietary Habits**What does your dog eat?[ ]  Dry only [ ]  Canned only [ ]  Combination[ ]  Human food [ ]  Raw meat[ ]  Other (please detail)       |
| **Comments:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **In signing this form I acknowledge that I have read and understood the following terms of this surrender:-**1. **I am no longer willing or able to care for this animal (as described above);**
2. That ownership of a surrendered animal passes to Council and that I have no further claim to the animal.
3. That surrendered animals assessed as suitable may be re-housed.
 |
| Owner Signature: | Date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_ |
| Witness Signature: | Officer ID: LLO0\_\_\_\_\_ |

**Office Use Only**: Computer ID:       Date:       Time:       Pen:

Request Number:

[ ]  Dog [ ]  Cat [ ]  Other

[ ]  Impounded [ ]  Destroyed\*

\* Reason for Euthanasia