|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Owner Details** | |  | | | | | | | | |
| First Name | | | Last Name | | | | | | | |
| Address | | | | | | Post  Code |  |  |  |  |
| 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 sure  If 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 Lazy  Shy with family  Shy with visitors  Playful  Talkative  Affectionate  Independent  Aloof  Quiet  Lap Dog  Withdrawn  Fearful  Fearless .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