

DOG SURRENDER

Owner's name: _____

Address: _____

Contact number: _____ Email address: _____

Animal Information *(please complete one form per animal)*

Animal's name: _____ Registration No: _____

Breed: _____ Colour: _____

Sex: M / F _____ Desexed: YES / NO _____ Birth date/Age: _____

Why are you surrendering this animal? _____

Any other comments: _____

Surrender Conditions:

- 1) I am the owner of the above mentioned animal and declare that no other person has any property interest therein.
- 2) I hereby surrender all rights, title and interest in the said animal to the KATHERINE TOWN COUNCIL and agree that the said animal will become the sole and absolute property of the COUNCIL which is authorised to hold, sell, destroy or dispose of this animal.
- 3) By signing below, I certify that the information provided is accurate and truthful to the best of my knowledge.

Name: _____

Date: _____

Signature: _____

Witness: _____