

Cat Surrender Form

Purpose of Form: This form will be used to process the surrender of your cat.

IMPORTANT INFORMATION
<ul style="list-style-type: none"> I am 18 years of age or over, and the legal owner of this animal. No other person has any proprietary interest in this animal, or if any other person has such an interest, they have authorised me to surrender the animal (written evidence required). I agree to indemnify the Fraser Coast Regional Council and keep the Fraser Coast Regional Council indemnified against all claims (if any), cost and expenses whatsoever arising out of any action by any person claiming interest in the animal. I understand that by completing and signing this form that I have surrendered the animal to Fraser Coast Regional Council and it no longer belong to me. I understand that not all animals can be rehomed.

Declaration				
I declare that I have answered all questions truthfully and that all the information I have provided is accurate. I acknowledge that it is an offence under section 204 of the <i>Animal Management (Cats and Dogs) Act 2008</i> to provide false or misleading information.				
<table border="1"> <tr> <td>Applicant Signature:</td> <td></td> <td>Date:</td> <td></td> </tr> </table>	Applicant Signature:		Date:	
Applicant Signature:		Date:		

OWNER DETAILS	Office use only – Name No:		
Title		Given Name/s	
DOB	/ /	Surname	
Email			
Postal Address (or as above)			
Phone	M:	H:	W:

ANIMAL DETAILS	Animal No:
Animal Name	Breeds/s
Date of Birth/Age	Colour/s
Microchip Number	Distinguishing Marks
Gender	Desexed
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

REASON FOR SURRENDER		
Mandatory information – must be supplied to accept surrender		
Specific reason for surrender?		
Has bitten or acted aggressively towards people or other animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has an injury or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specific details of injury or disease (if applicable):		

ANIMAL INFORMATION

Where did you get the animal from?

If given this animal, why was he/she given to you?

How old was the animal when you got him/her (if unknown, write unknown)?

How long have you had this animal?

If microchipped, who is the contact person on the microchip form (to the best of your knowledge)?

Has the cat ever had any medical or dietary issues?

EXPERIENCES & SOCIABILITY***Mandatory information – must be supplied to accept surrender***

Has the cat lived with another cat in the family home?

 Yes No

How does your cat react with other cats?

 No contact Friendly Wary Aggressive (wouldn't trust)

If answered 'wary or aggressive', please provide more details:

Has the cat ever had contact with children?

 Yes No

If yes, what age/s were the children?

How did the cat/s interact with the children?

 Plays in friendly, gentle manner Is wary/scared of children Gets very excitable and rough Would not trust with children

Please provide more details if known:

What is the cat like with strangers?

 No contact Friendly Wary Aggressive (wouldn't trust)

If answered 'wary or aggressive', please provide more details:

Has the cat shown any aggression towards anyone or bitten anyone?

 Never shown aggression Scratched Bitten

Please provide more details:

Is the cat used to using a litter tray?

 Yes No

Does the cat like to be petted?

 Yes No

Does the cat like to be picked up?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Has the cat ever been destructive to property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where does the cat spend most of its time?			<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	
Please provide more details:					

OTHER INFORMATION

Is there any other information about the cat/s that may be useful for us to know?

Office Use Only

- | | |
|--|---|
| <input type="checkbox"/> Form checked for responses & contact information | <input type="checkbox"/> Microchip form printed & cross-checked for accuracy of owner |
| <input type="checkbox"/> Photo taken | <input type="checkbox"/> Animal created in P&R / memo completed |
| <input type="checkbox"/> Paperwork and photo scanned/attached to animal record | |

AFO Name:

AFO Signature:

Date Completed:

Senior/Coordinator Name:

Senior/Coordinator Signature:

Date: