

Dog Surrender Form

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

IMPORTANT INFORMATION

- 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/they 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 *Animal Management (Cats and Dogs) Act 2008* to provide false or misleading information.

Applicant Signature:		Date:	
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OWNER DETAILS		Office use only – Name No:	
Title		Given Name/s	
DOB	/ /	Surname	
Email			
Address			
Phone	M: _____	H: _____	W: _____

ANIMAL DETAILS		Animal No:	
Animal Name		Breeds/s	
Date of Birth/Age		Colour/s	
Microchip Number		Distinguishing Marks	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Desexed	<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes' please provide details:		
Has bitten or acted aggressively towards another animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes' please provide details:		
Is/has been the subject of a dangerous or nuisance dog order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 dog ever had any medical or dietary issues?

EXPERIENCES & SOCIABILITY				
<i>Mandatory information – must be supplied to accept surrender</i>				
Has the dog lived with another dog in the family home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How does your dog react with other dogs?	<input type="checkbox"/> No contact	<input type="checkbox"/> Friendly	<input type="checkbox"/> Wary	<input type="checkbox"/> Aggressive (wouldn't trust)
If answered 'wary or aggressive', please provide more details:				
How does your dog react with cats/other animals?	<input type="checkbox"/> No contact	<input type="checkbox"/> Friendly	<input type="checkbox"/> Wary	<input type="checkbox"/> Aggressive (wouldn't trust)
If answered 'wary or aggressive', please provide more details:				
Has the dog ever had contact with children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, what age/s were the children?				
How did the dog/s interact with the children?	<input type="checkbox"/> Plays in friendly, gentle manner	<input type="checkbox"/> Is wary/scared of children		
	<input type="checkbox"/> Gets very excitable and rough	<input type="checkbox"/> Would not trust with children		
Please provide more details if known:				
What is the dog like with strangers?	<input type="checkbox"/> No contact	<input type="checkbox"/> Friendly	<input type="checkbox"/> Wary	<input type="checkbox"/> Aggressive (wouldn't trust)
If answered 'wary or aggressive', please provide more details:				
Has the dog shown any aggression towards anyone or bitten anyone?	<input type="checkbox"/> Never shown aggression		<input type="checkbox"/> Lunged	
	<input type="checkbox"/> Growled		<input type="checkbox"/> Hard mouthing	
	<input type="checkbox"/> Nipped or snapped		<input type="checkbox"/> Bitten	
Please provide more details:				

Is the dog aggressive around food?		
<input type="checkbox"/> Never – food can be taken away	<input type="checkbox"/> Yes – with all food	
<input type="checkbox"/> Only with high value food such as bones	<input type="checkbox"/> Only with other dogs	
Please provide more details:		
Is the dog a constant barker?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often/what time of day/have there been any complaints?		
Has the dog ever escaped from your property?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how often/how did the dog escape?		

OTHER INFORMATION
Is there any other information about the dog/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: