Wentworth SHIRE COUNCIL	**Health & Planning Department** 61 Darling Street PO Box 81 **WENTWORTH NSW 2648** Tel: 03 5027 5027 council@wentworth.nsw.gov.au	**COMPANION ANIMAL SURRENDER FORM** Impound Number:

To be completed by the Owner/Agent of the Animal. Please complete this form in detail.
A Council Officer may contact you to confirm the information provided.

Name			
Street Address			
Phone Number	**Mobile:**	**Home:**	**Work:**
Description of Animal			
Name:		**Breed:**	
Colour:	**Age:**	**Sex:**	
Type of Animal: *(e.g. dog, cat)*		**Microchip Number (*if any*):**	

IMPORTANT INFORMATION

I make the following declarations:

1. *I confirm that I am the legal owner of the animal (please note that this may be confirmed by Council against required registries and databases)*
2. *No other person has any proprietary interest in the animal, or if any other person has such interest, they have authorised me to surrender the animal*
3. *I surrender my rights, titles and interests in the animal to Wentworth Shire Council*
4. *I understand that not all animals are able to be re-homed and that my animal may be euthanised*
5. *I understand that I have no rights of compensation for the loss of the animal*
6. *I agree to indemnify Wentworth Shire Council and keep Wentworth Shire Council indemnified against all claims (if any), costs and expenses whatsoever arising out of any action by any person claiming an interest in the animal*
7. *I understand that by completing and signing this form, I have surrendered the animal to Wentworth Shire Council and the animal no longer belongs to me.*

Signature of Owner/Agent:	
Date Signed:	
Signature of Council Officer:	
Date Signed:	

Privacy Notice: We are collecting your information to process this form. We will store your personal information on our systems in our offices, where it will be used by our staff. Other people can request access to it under the Government Information (Public Access) Act 2009. We will consider suppression of your information in any public registries in line with relevant legislation, including but not limited to, the Privacy and Personal Information Protection Act 1998. Our Privacy Management Plan sets out how you can access or correct your personal information. Please visit Council's website to access the Plan.

Reason for Surrender:		
Are you surrendering your animal solely for the purpose of euthanasia?	**YES** ☐	**NO** ☐
If **YES,** would you like your animal's body returned to you?	**YES** ☐	**NO** ☐

Signature of Owner/Agent for Euthanasia Consent:	
Date Signed:	
Signature of Council Officer:	
Date Signed:	

If not for the purpose of euthanasia, please complete the remainder of this form to the best of your knowledge.

Additional Information About Your Animal *(please tick as appropriate)*		
Does your animal:	**YES**	**NO**
Associate well with children	☐	☐
Associate well with dogs	☐	☐
Associate well with cats	☐	☐
Have a tendency to bite or scratch	☐	☐
Use a litter tray *(cats)*	☐	☐
Have a barking problem *(dogs)*	☐	☐
Chase stock/poultry *(dogs)*	☐	☐
Have basic training *(dogs)*	☐	☐
Have destructive behaviours (e.g. chews things, digs holes etc.) *(dogs)*	☐	☐
Is your animal:	**YES**	**NO**
Vaccinated	☐	☐
Desexed	☐	☐
Lifetime Registered in NSW	☐	☐
Other Information:		