

PO Box 396, Kadina 5554 • 51 Taylor St, Kadina 5554 • **ABN** 36 670 364 373 **Tel** 08 8828 1200 • **Email** <u>info@coppercoast.sa.gov.au</u> • **Web** <u>www.coppercoast.sa.gov.au</u>

## **ANIMAL SURRENDER**

OWNER DETAILS						
١,						
DATE OF		ADDRESS				
BIRTH						
MOBILE		EMAIL				
PHONE						

Being the legal owner of the dog described below, do herby surrender all my rights, title and interest in the dog to the Council.

DOG DESCRIPTION																
NAME						BREED	(									
COLOUR/								GEND	ER							
MARKINGS										🗆 Male 🗆			_ ren	Female		
MICROCHIP	#															
NUMBER	#															
DOB OR							DESEXED									
APPROX YEAR												YES			NO	

## DECLARATION

I certify that:

- I am 18 years of age or over and the legal owner of this animal.
- No other person has any proprietary interested in this animal or, if any other person has such an interest, they have authorised me to surrender the animal.
- I have had an opportunity to obtain independent legal or other advice in relation to the advisability of surrendering my rights, title and interest in the dog; and
- I release and indemnify the Council against all and any actions, claims, demands, losses, damages, costs and expenses for which the Council will or may be or become liable in respect of or arising from the surrender of the dog.
- I understand that by completing and signing this form that I have surrendered my animal; voluntarily without any pressure being brought to bear on me by any party; to Council and it no longer belongs to me.

## • I understand that not all animals can be rehomed and that my animal may be euthanised.

APPLICANT	DATE	
SIGNATURE		
WITNESS	DATE	
SIGNATURE		