

# Voluntary Animal Surrender Form

Pound ID:	Pathway number:
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## Owner details:

First name:	Last name:		
Postal address:		Post code:	
Home phone:	Work phone:	Mobile:	

## Animal Details

Animal type: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		Animal name:	
Breed:	Colour:	Age:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Registration number:		Microchip number:	

## Behaviour

Aggressive: <input type="checkbox"/> Yes <input type="checkbox"/> No	Timid: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wild/Feral (cat): <input type="checkbox"/> Yes <input type="checkbox"/> No
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## General information and history of animal

Is your animal housetrained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Why are you surrendering this animal?	
If we can help you resolve the issue, would you be interested in keeping the animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you had this animal?	Months      Years
Where did you get this animal?	
Including yours, how many homes has this animal had?	

## Medical history

Does this animal see a vet once a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Is the animal on heartworm treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Is the animal currently vaccinated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Has the animal ever been hit by a car or required other surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, please provide details:			
Has the animal been diagnosed with and/or treated for any of the following?			
<input type="checkbox"/> Allergies	<input type="checkbox"/> Upper respiratory infection	<input type="checkbox"/> Heart murmur	<input type="checkbox"/> Epilepsy or seizures
<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Tumors	<input type="checkbox"/> Urinary tract infection	<input type="checkbox"/> Organ failure
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (please detail)		

## Personality

How would you describe your animal most of the time?

- |  |  |   |                                    |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Very active     | <input type="checkbox"/> Friendly with family  | <input type="checkbox"/> Friendly with visitors | <input type="checkbox"/> Lazy      |
| <input type="checkbox"/> Shy with family | <input type="checkbox"/> Shy with visitors     | <input type="checkbox"/> Playful                | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Affectionate    | <input type="checkbox"/> Independent           | <input type="checkbox"/> Aloof                  | <input type="checkbox"/> Quiet     |
| <input type="checkbox"/> Lap dog         | <input type="checkbox"/> Withdrawn             | <input type="checkbox"/> Fearful                | <input type="checkbox"/> Fearless  |
| <input type="checkbox"/> Solitary        | <input type="checkbox"/> Other (please detail) |   |                                    |

## Lifestyle and home

What areas of your home does the animal have access to?

- ☐ Outdoors only    ☐ Indoors at night    ☐ Indoors with outside access    ☐ Other (please detail)

Has this animal lived with other animals? ☐ Yes ☐ No

If so what kind? ☐ Dog    ☐ Cat    ☐ Other (please detail)

How did they interact? ☐ Good    ☐ Not good    ☐ Friends    ☐ Caused animal stress  
☐ Other (please detail)

Has this animal regularly been around children? ☐ Yes ☐ No ☐ Unknown

If yes, did it interact well? ☐ Yes ☐ No

## Dietary habits

What does your animal eat? ☐ Dry only    ☐ Canned only    ☐ Combination    ☐ Raw meat  
☐ Human food    ☐ Other (please detail)

## Declaration

In signing this form, I acknowledge that I have read and understood the following terms of this surrender:

1. I am no longer willing or able to care for this animal (as described above).
2. That ownership of a surrendered animal passes to Council and that I have no further claim to the animal.
3. That surrendered animals assessed as suitable may be re-housed.

Owner Signature	Date
Witness Signature	Officer ID: LLO0

### Office use only

Computer ID:

Date:                      Pen:                      ☐ Dog ☐ Cat ☐ Other  
Time:                      Request number:                      ☐ Impounded ☐ Destroyed\*

\* Reason for euthanasia

The image features a decorative background with wavy, overlapping lines in shades of pink and red. A prominent grid pattern is visible in the upper right quadrant, where the lines intersect to form a mesh-like structure. Below the wavy lines, there are several horizontal black lines, suggesting a space for text or a list. The overall aesthetic is modern and artistic.

[illegible]