

# SHEPPARTON ANIMAL SHELTER



## ANIMAL SURRENDER FORM

Transfer of ownership to Greater Shepparton City Council

### ANIMAL DETAILS

	Animal 1	Animal 2	Animal 3	Animal 4
Type (Dog / Cat)				
Breed (eg: Staffy)				
Colour				
Name				
Age				
Sex (Male/Female)				
Registered (Yes/No)				
Desexed (Yes/No)				
Microchip Number				
Vaccinated (Yes/No)				

### DECLARATION OF OWNER OR AUTHORISED PERSON

I (full name)  Telephone:

of said address:

being a person over the age of 18, hereby declare that:

I am the owner of the animals described above and I am no longer willing or able to care for the above animals: or

The owner of the animals described above is:

of said address:

telephone no:  relationship to owner:

and I am authorised by the said owner to surrender the above animals as the owner is no longer willing or able to care for the above animals. I supply the following documentation as proof of authorisation by owner for agent to surrender animals on the owners behalf (eg: power of attorney, signed letter):

Reason for surrender of animals: I am unable or unwilling to care for the above animals because:

I hereby acknowledge that by Council taking possession of the animals, the ownership of the animals passes from the owner to the Council; and Council must deal with the animal in accordance with the State Legislation regulations and any relevant Code of Practice. I hereby agree to indemnify the Council from any loss or liability that may be incurred as a result of any inaccuracy, whether intended or otherwise, in this declaration.

Signed:

Date:

Witness Signature:

Name:

**Please read the back of this form**

Ownership Confirmed:  Yes  No Notes:

# ANIMAL SURRENDER FORM



## QUESTIONNAIRE

Please answer the following questions in relation to the animals surrendered.

Vet Clinic attended:

I consent to the Shepparton Animal Shelter being sent a copy of all relevant documents for my surrendered animal from my Veterinary Clinic.

## VETERINARY CARE

	Animal 1	Animal 2	Animal 3	Animal 4
Vaccination (Yes/No)				
Vaccination type:	<input type="checkbox"/> C3 <input type="checkbox"/> C5 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> FIV	<input type="checkbox"/> C3 <input type="checkbox"/> C5 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> FIV	<input type="checkbox"/> C3 <input type="checkbox"/> C5 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> FIV	<input type="checkbox"/> C3 <input type="checkbox"/> C5 <input type="checkbox"/> F3 <input type="checkbox"/> F4 <input type="checkbox"/> FIV
Wormed (Yes/No)				
Flea Treatment (Yes/No)				
Heartworm Treated (Yes/No)				
Ongoing veterinary conditions or medication?				

## HOME ENVIRONMENT / HISTORY

How long have you owned the animals?

Where did the animals live?    Inside    Outside    Both Inside and Outside

What type of home?    Older person    Adults    Older children    Younger children

How much attention did the animals receive?    Minimal    Morning/night only    All day/night

How many times were the dogs walked per week (on average)?

House trained (dog)?    Yes    No   Details:

Litter trained (Cat)?    Yes    No   Details:

Formal training?    Sit    Stay    Drop/down    Come   Details:

How often were the animals bathed/groomed:

Are the animals friendly to?    Children    Dogs    Cats    Other animals   Details:

What type of food do they currently eat? eg. kibble, raw food, canned food etc.

What type of toys do they play with?

How do you describe your animals behaviour?

How do you describe your animals temperament?

Any other comment or information that may be beneficial:

## DOGS ONLY

What type of fencing did you have?  5-6ft  3ft  Farm fences only  Wood / colourbond  
 Wire/mesh  Good condition  Poor condition

Do the dogs have any of the following issues:  Barking excessively  Anxiety  Escaping  
(How many times? How does it get out? ie under/over/through/climbing provide detail)

Details:

**Have the dogs ever:**

Rushed aggressively at a person or animal:  Yes  No Details:

Attacked/bit a person:  Yes  No Details:

Attacked/bit an animal:  Yes  No Details:

Details: