



**Contact Details:**

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**Office Location:**

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**Website:**

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[council@nambucca.nsw.gov.au](mailto:council@nambucca.nsw.gov.au)

Updated: July 2024 42572/2021

## COMPANION ANIMAL SURRENDER FORM

To be Completed by Owner/Agent of Animal

I \_\_\_\_\_ (full name) of

Address: \_\_\_\_\_

Being the Owner/Agent of: \_\_\_\_\_ (name of animal) being a

Sex/Colour/Breed of Animal: \_\_\_\_\_

Make the following declarations:

- 1 No person other than myself has any proprietary interest in the animal.
- 2 I surrender all of my rights, titles and interests to the Nambucca Valley Council. I understand that the animal will then become the sole and absolute property of Nambucca Valley Council and may be sold, released to a Rescue Organisation or humanely destroyed at the discretion of Nambucca Valley Council.
- 3 I agree to indemnify Nambucca Valley Council and keep the Nambucca Valley 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.

### **\*\*IMPORTANT INFORMATION\*\***

**By completing and signing this form, you have surrendered your animal to the Nambucca Valley Council and you no longer have ownership of the animal.**

Drivers Licence Number \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Ranger /  
Council Employee \_\_\_\_\_ Date \_\_\_\_\_

**Are you surrendering your animal solely for the purpose of euthanasia? Please select: YES NO**

If **YES** would you like your animal's body returned to you? Please select: **YES NO**

What is the reason for surrendering the animal?  
\_\_\_\_\_  
\_\_\_\_\_

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

*Continued overleaf...*

What is the approximate age of the animal? \_\_\_\_\_

Approximate date the animal came into your care: \_\_\_\_\_

**Additional information about your animal. Please circle as appropriate.**

(This is used to re-home the animal to a suitable home)

<b>Does your dog:</b>	Yes	No	<b>Does your cat:</b>	Yes	No
Associate well with children			Associate well with children		
Associate well with other dogs			Associate well with other cats		
Associate well with cats			Associate well with dogs		
Have a tendency to bite			Have a tendency to bite or scratch		
Have a barking problem			Is your cat litter trained		
Chase stock/poultry					
Have basic training					
Have destructive tendencies ie. chews things, digs holes, etc (please provide information at * if yes)					

Has the animal been (please circle and complete details if applicable and known):

Yes No

Microchipped			Microchip Number:	
Vaccinated			Type of Vaccination:	
Desexed				
Lifetime Registered in NSW				

\* Any other information you would like to give about your animal (likes/dislikes, bad habits etc):

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**OFFICE USE ONLY:**

Amount Paid:	Date:	Receipt No:
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