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ABN 90 407 359 958 Address all correspondence to: General Manager, PO Box 270 Deniliquin NSW 2710

COMPANION ANIMAL SURRENDER FORM

0	wner Deta	ils								
Fı	ull Name:									
A	ddress:									
Town:			P/Code:							
			Email Address:							
Date of Birth:			Drivers Lic				cence Number:			
D	escription	of Anim	al							
Breed:					Colour:					
Se	ex: M	F	Desexed:	Υ	Ν	Name:		Age	э:	
M	icrochip Nur	nber:								
Reason for Surrender										
Ιm	ake the follo	owing decl	arations:							
1.	That I am	18 years of age, or older, and the legal owner of the animal.								
2.		erson has any proprietary interest in the animal, or if any other person has such an ey have authorised me to surrender the animal.								
3. I hereby agree to indemnify Edward River Council and keep it indemnified against all actions, claims (if any) costs and expenses whatsoever arising out of any action by any person claiming an interest in the animal should the animal be disposed of or destroyed, and such disposal or destruction was carried out by Edward River Council without proper authority.										
4.	I understand that not all animals are able to be re-homed and that my pet may be euthanised.									
5.	I understand that by completing and signing this form I have surrendered the animal to Council and it no longer belongs to me.									
Da	te:		(Day) of	·			(Month) 20_	(Year)		
Sig	gnature of A	nimal Owr							_	
SIC	gnature of W	ιιness:								