

Surrender of Animals to Council Pound - Dogs

Impound Number		Dog Cage	
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TERMS AND CONDITIONS FOR SURRENDER OF ANIMALS

1. I am the owner of the dog surrendered for rehousing or euthanasia * (see point 4 below).
2. It is understood that once formally surrendered to Council, ownership will transfer immediately to Council.
3. If Council becomes aware, upon surrender of your dog that it is not suitable for rehoming due to aggressive temperament, ill health or not being in the best interests of the public to do so, Council may approach rescue or euthanase.
4. A registered Veterinarian will carry out euthanasia in a humane method.
5. A fee of \$400.00 (animal delivered to pound by owner) with \$200.00 for each additional animal will be charged for services and costs incurred by Council.
6. I agree to the terms and conditions as stated in this declaration

Signature

Date

OFFICER USE ONLY

NO CASH ACCEPTED, PAYMENT BY EFT / CREDIT CARD ONLY

Dog Lifetime Registered

Microchip Number

Date Registration
Details Updated

Fee Details:

Code 64

Receipt No.

Fee

Date

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Owner Details			
Name			
Address			
Post Code		Email Address	
Phone		Mobile Number	
Signature		Date	

Reason for Surrender
Please provide detailed reasons for why you are surrendering / can no longer look after your dog?
If you are surrendering your dog due to behavioural reasons, please specify the issues:
What steps / actions have you taken to manage these behaviours?

Pet Details			
1.	Dogs Name		
2.	Sex		
3.	Breed/s		
4.	Age	DOB	
5.	Colour		
6.	Microchip No.		

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Home & Behaviour Information	
7.	How old was your dog when you first got it?
8.	Where did your dog come from (pet shop, breeder, stray, pound / shelter, etc.)?
9.	How long have you had this dog?
10.	How many previous homes has your dog had prior to you owning it?
11.	How many adults and children live in the home with the dog? What are the ages of the children? Men: Women: Children & Ages:
12.	Is your dog social with adults? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why -
13.	Is your dog social with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why -
14.	Is your dog social with strangers? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why -
15.	Are there any other animals at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what animals and do they get along?
16.	Does your dog enjoy being handled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what do they like (pats, tummy rub, scratches, cuddles, affection etc)?
17.	Is there anything that makes your dog nervous? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain -

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18.	Please tell us about any bad habits, problem behaviours or fears your dog has. (Eg. Chewing, destructive, barking, climbing, hiding, thunderstorms, people, strangers etc)
19.	Is your dog food aggressive? <input type="checkbox"/> Yes <input type="checkbox"/> No If aggressive, describe the incident (Eg. Can you take bones away from your dog?) –
20.	Is your dog an inside or outside pet? <input type="checkbox"/> Outside <input type="checkbox"/> Inside <input type="checkbox"/> Both Where does your dog sleep?
21.	a. Is your dog social with other animals they do not live with? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. What animals? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Birds <input type="checkbox"/> Rabbits/Guinea Pigs <input type="checkbox"/> Livestock <input type="checkbox"/> Horses
	c. Please provide any additional details relevant to this question -
22.	Explain your dog's experiences – positive or negative (at the dog park, at a friend's place, with what animals? Etc)
23.	Has your dog ever attacked or harmed another dog / animal? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain what occurred?
24.	Has your dog ever been attacked by another dog? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain the incident?
25.	a. Does your dog display aggression or has your dog caused injury to a person? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Any of the following: <input type="checkbox"/> Growled <input type="checkbox"/> Shown teeth <input type="checkbox"/> Snapped without making contact <input type="checkbox"/> Bitten <input type="checkbox"/> Rushed at
	c. If yes, please explain the incident –

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26.	Does your dog try to escape from your house / yard or run away? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details –
27.	Does your dog jump or climb fences? <input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Is your dog crate trained? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long in a crate daily?
29.	Does your dog suffer from separation anxiety? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what behaviours do they exhibit?
30.	a. How does your dog feel about being left alone?
	b. How long on a daily basis is your dog left alone?
	c. When left alone, is your dog; <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Crated
31.	List 3 things that make your dog happy? 1. 2. 3.

Care Information

32.	a. Is your dog desexed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Desexed Certificate attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Date of desexing?
	d. Name of vet clinic that desexed?

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33.	Does your dog have any medical conditions or have they had any previous procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide details -
34.	Has your dog had the opportunity to exercise in an outdoor enclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No
35.	Does your dog enjoy grooming? <input type="checkbox"/> Yes <input type="checkbox"/> No
36.	Has your dog been flea treated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was the last treatment and brand of flea treatment?
37.	Has your dog been wormed recently? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when was the last treatment and what brand of wormer?
38.	a. Is your dog vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. Date of last vaccination?
	d. Name of vet clinic attended?
39.	What diet is your dog currently being fed?
40.	Are there any special traits or habits you would like your dog's new family to know about?

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Privacy Statement

Wollondilly Shire Council is collecting personal information from you on this form for the purpose of assisting the determination process of your application. This information will be stored in councils EDRMS and accessed by the processing officer. Failure to provide the information may lead to rejection or delays of your application. At any time you have the right to access, view or correct the personal information that you have provided. Please also note that the personal information (not financial details) supplied on this document may be the subject of a request to access information under the *Government Information (Public Access) Act 2009* [GIPAA].



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