Voluntary Animal Surrender



I		
		Full Name
of		
being the I		Address
	Owner	or
		Please include reason for agency &/or surrender.
am aged 1	8/+ years & voluntarily surrender the	ne dog / cat described below to the City of Swan.
Dog / Cat	Details	
Name:		Breed:
Colour: _		_ Sex: □ Male □ Female □ Sterilised
Registration No		Local Govt:
Dog / Cat	Condition:	
Ü		
Please ind	licate your understanding of this su	rrender by ticking the boxes below:
	-	log / cat is surrendered by me it will not be returned to me city of Swan in accordance with the Dog Act 1976 / Cat Ac
	•	City of Swan re-home this dog / cat the address of any tial & not be divulged to me by the City.
Signature:		Date:
Office Use	Only - Fee Collected:	
	No - Please state reasons why	
Authorised Officer:		Date:
Authorised	d by Manager / Coordinator / Senio	r Community Safety Ranger:
Signature:		Date: