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Surrender of Companion Animal

Please complete all sections and when completed please submit this form to Council.

I,

_____ (NAME)

Of

_____ (ADDRESS)

_____ (SUBURB)

_____ (STATE)

_____ (POSTCODE)

_____ (TELEPHONE)

_____ (D.O.B.)

_____ (IDENTIFICATION – e.g. Licence)

Being the owner of,

Animal Details

Species: _____ Breed: _____

Name: _____ Colour: _____

D.O.B.: _____ Sex: Male/Female Desexed: Yes/No

Microchip No.: _____ Other ID: _____

Is/has the animal been subject to an Order or Declaration under the
Companion Animals Act 1998:

Yes/No

Declaration

In submitting this document, I acknowledge that:

- I/We declare that the information provided in this form is true and correct to the best of my knowledge.
- I am 18 years of age and over and the legal owner of this animal.
- No other person has any proprietary interest in this animal or, if any other person has such an interest, they have authorised me to surrender the animal.
- I agree to indemnify the Lithgow City Council and keep the Lithgow City Council indemnified against all claims (if any), cost and expenses whatsoever arising out of any action by any person claiming interest in the animal.
- I understand that by completing and signing this form that I have surrendered the animal to Lithgow City Council, and it no longer belongs to me.
- **I understand that not all animals are rehomed and that my pet may be euthanised.**

Signature: _____ Date: ____/____/____

Animal Information Checklist

Reason for Surrender:

Any health information that should be declared. E.g. Surgeries, allergies, is the animal pregnant:

Please state any behavioural issues associated with this animal:

Please provide temperament information regarding this animal. Please tick the boxes that best described your animal.

- | | |
|---|---|
| <input type="checkbox"/> Friendly with Adults | <input type="checkbox"/> Friendly with Children |
| <input type="checkbox"/> Friendly with other dogs | <input type="checkbox"/> Understands basic commands |
| <input type="checkbox"/> Likes walking on a lead | <input type="checkbox"/> Other _____ |

Please advise if this animal is up to date with immunisation: Yes No

<u>OFFICE USE ONLY</u>	
DATE RECEIVED: _____/_____/_____	RECEIPT NO.: _____
RECEIVED BY: _____	AMOUNT PAID: _____
RECEIPTED BY: _____	COST ACCOUNT: _____
SIGNATURE: _____	
NOTES: _____	

PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE
By completion of this form, you may be providing Council with personal information. Council will collect the information only for a lawful purpose directly related to the function of Council. Information provided to Council may be used in conjunction with any of Council's business operations. We will take reasonable care not to disclose personal information. Exempt documents may come under the Government Information (Public Access) Act 2009.

Maintained By Dept:	ENV	Effective Date:	Review Date:
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