

Date		CRM:
REGULATORY S	SERVICES AUTHORITY TO 1	TAKE OWNERSHIP OF A DOG
l,	am the owner/	person in charge of the following dog:
Dog's Name	Age	Breed
Microchip No. (if known) _		
Reason for Surrender		
I hereby voluntarily surren	der the abovementioned of	dog and authorise Regulatory Service
Officer,	to unconditionally take ownership of the dog. I	
acknowledge and agree th	at I shall have no further c	laim to this dog.
OWNER/PERSON IN CHAR	GE OF DOG	
Name		
Postal Address		
DOB		
The details above are true	e to the best of my knowled	dge.
Name:	Signature:	Date:
Witness Name:	Signature:_	Date:
		Email council@litchfield.nt.gov.au