

Date:	CRM:	
	Surrender Form	
Regulato	ory Services Authority	
Temporary for the course of an investig	gation	
Permanent		
l,	am the owner/person in charge	of the following dog:
Dog's Name:	Age:Y/M	Sex: Male / Female
Breed:	Colour:	
Microchip No (if known):		De-sexed : Yes / No
Address where dog is kept:		
REASON FOR SURRENDER:		
I acknowledge and agree that I tempor	arily surrender this dog for the dur	ation of an Investigation.
I hereby voluntarily surrender the above to take ownership of the dog.	ve-mentioned dog and authorise Li	tchfield Council
DOG OVERVIEW AND HISTORY		
- History of dog:		
- Behavioural traits:		
- Human / child friendly?		
- Other animal friendly?		
- Medical history		
 is the animal on any current medication 		
- diagnosed with ongoing medical ailme	nts?	
 Have you supplied the medication? 		



OWNER / PERSON IN CHARGE OF THE DOG

These details are true to the best of my knowledge.

Name:			D(DOB:				
Signature:		Date:						
Phone Number:								
Residential Addres	ss:							
Postal Address:								
Payment can be m posting the forr council@litchfield.	n to Litchfield							
Please debit my	Master Card	VISA	Name on card					
	rd number CCV							
I authorise Litchfie	ld Council to charg	e my credit	card with the amo	ount of \$				
Signature of cardholderDate								
Office Use Only								
Regulatory Service	es Officer:							
Signature:		Date:						
Payment Details								
Total Paid	\$	Date		Receipt No.				

Privacy Statement

The personal information provided on this form will be used by Litchfield Council for the purposes of fulfilling your request and undertaking associated Council functions & services. Your personal information will not be disclosed to any third party unless required or permitted by law.