



# District Council of Loxton Waikerie

**Address:**

29 East Tce, Loxton 5333 or Stangman Road, Waikerie 5330

**Postal Address:**

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**Email:**

[council@loxtonwaikerie.sa.gov.au](mailto:council@loxtonwaikerie.sa.gov.au)

**Web:**

[www.loxtonwaikerie.sa.gov.au](http://www.loxtonwaikerie.sa.gov.au)

**Telephone:** (08) 8584 8000

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## SURRENDER OF CAT TO COUNCIL FOR DISPOSAL

Council Ref: 1.71.3

Record \_\_\_\_\_

To the District Council of Loxton Waikerie Registrar of Cats,

I, \_\_\_\_\_ (name of owner)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Being the legal owner of the cat described below do hereby surrender all my rights, title and interest in the cat to the Council for the disposal of the cat as the Council sees fit.

I release and indemnify the Council against all and any actions, claims, demands, losses, damages, costs and expenses for which the Council will or may be or become liable in respect of or arising from the surrender and disposal of the cat.

### DESCRIPTION OF THE CAT(S)

	REGISTRATION	NAME	BREED	COLOURING	SEX	AGE
CAT 1						
CAT 2						
CAT 3						
CAT 4						
CAT 5						
CAT 6						

I Certify,

- That I am the owner of the cat;
- That I have had an opportunity to obtain independent legal or other advice in relation to the advisability of surrendering my rights, title and interest in the cat; and
- I surrender the cat voluntarily and without any pressure being brought to bear on me by any party.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_