



District Council of Loxton Waikerie

Address: 29 East Terrace, Loxton SA 5333 or Strangman Road, Waikerie SA 5330
Postal Address: PO Box 409, LOXTON SA 5333
Email: council@loxtonwaikerie.sa.gov.au
Web: www.loxtonwaikerie.sa.gov.au
Telephone: (08) 8584 8000
Fax: (08) 8584 6622

SURRENDER OF DOG TO COUNCIL FOR DISPOSAL

Council Ref: 1.71.3
Record _____

To the District Council of Loxton Waikerie Registrar of Dogs,

I, _____ (name of owner)

Address: _____

Home Phone: _____ Mobile Phone: _____

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

DESCRIPTION OF THE DOG(S)

| | REGISTRATION | NAME | BREED | COLOURING | SEX | AGE |
|-------|--------------|------|-------|-----------|-----|-----|
| DOG 1 | | | | | | |
| DOG 2 | | | | | | |
| DOG 3 | | | | | | |
| DOG 4 | | | | | | |
| DOG 5 | | | | | | |
| DOG 6 | | | | | | |

I Certify,

- That I am the owner of the dog;
- 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 dog; and
- I surrender the dog voluntarily and without any pressure being brought to bear on me by any party.
- I agree to pay the Surrender Fee.

Signature of Owner: _____ Date: _____

Witness Signature: _____ Date: _____