

PRINCIPAL OFFICE:
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APPLICATION TO SURRENDER CUSTODY OF DOG	SF004
	Responsible Officer: SCO
	Issue Date: 03/07/2020
	Next Review Date: July 2024

DETAILS OF APPLICANT (lawful owner of dog)

NAME OF APPLICANT:	Surname:		
	First Given Name:	Last Given Name:	
ADDRESS OF APPLICANT:		
		Postcode:
TELEPHONE NUMBER:	Work:	Home:	Mobile:

DESCRIPTION OF DOG

NAME:		REGISTRATION NUMBER:	
BREED:		COLOUR:	
SEX AND AGE:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age:
DESEXED:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
IMMUNISED:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
CHARACTERISTICS: (please tick appropriate)	Barks excessively <input type="checkbox"/>	Good with kids <input type="checkbox"/>	Digs Holes <input type="checkbox"/>
	Good with other animals <input type="checkbox"/>	Jumps fences <input type="checkbox"/>	Boisterous <input type="checkbox"/>
	House trained <input type="checkbox"/>	Guard dog <input type="checkbox"/>	
REASON FOR SURRENDERING:			

I hereby request the Yorke Peninsula Council to take custody of the above dog and in doing so relinquish all rights as owner of the dog and understand that I will be precluded from making any claims on or for the dog either monetary or otherwise. I hereby authorise Council and its Officer's to dispose of the dog in any way it sees fit.

I sign this form on my own free will.

Date: day of 20.....

Applicant Signature:

OFFICE USE ONLY

Date Received: Date acknowledged:

Dog & Cat Management Officer Signature: _____