



RELEASE FORM

To the Registrar of Dogs of: *DISTRICT COUNCIL OF LOXTON WAIKERIE*

Applicant/Owner Details – A consenting person over 16 years of age

First Name: Surname:

Residential Address:

Residential Suburb: Postcode:

Mailing Address:

Mailing Suburb: Postcode:

Daytime Phone: Mobile Phone:

Email Address:

Description of Dog

Name of dog: Breed:

Colour: Markings:

Gender: Male Female Desexed
DOB or approximate year of birth/age:

Other descriptors:

Usual place dog kept:

Suburb: Postcode:

DO HEREBY surrender the above-mentioned dog to the custody of the District Council of Loxton Waikerie.

I HEREBY CERTIFY that I am the registered owner of the person in control of the said dog herein described and I HEREBY SURRENDER all my interest in it to the said Council and I request that the Council dispose of the said dog in any manner they deem fit. I agree to pay the surrender fee.

Signature:

Date:

NOTE: Penalty for false or misleading information: up to \$10,000.