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## **Cat Surrender Form**

Purpose of Form: This form will be used to process the surrender of your cat.

## **IMPORTANT INFORMATION**

- I am 18 years of age or over, and the legal owner of this animal.
- No other person has any proprietary interest in this animal, or if any other person has such an interest, they have authorised me to surrender the animal (written evidence required).
- I agree to indemnify the Fraser Coast Regional Council and keep the Fraser Coast Regional Council indemnified against all claims (if any), cost and expenses whatsoever arising out of any action by any person claiming interest in the animal.
- I understand that by completing and signing this form that I have surrendered the animal to Fraser Coast Regional Council and it no longer belong to me.
- I understand that not all animals can be rehomed.

Declaration											
I declare that I have answered all questions truthfully and that all the information I have provided is accurate. I acknowledge that it is an offence under											
Applicant Signature:    Section 204 of the Animal Management (Cats and Dogs) Act 2008 to provide false or misleading in						Date:					
OWNER DETAILS								Office use only – Name No:			
Title						Given Name/s					
DOB		/		/	Surname						
Email											
Address											
Phone	M:					H:	W:				
ANIMAL DETAILS						Animal No:					
Animal Name	Animal Name					Breeds/s					
Date of Birth/Age						Colour/s					
Microchip Number						Distinguishing Marks	;				
Gender	Male	e		Fe	male	Desexed	Yes		☐ No		
REASON FOR SURRENDER  Mandatory information – must be supplied to accept surrender  Specific reason for surrender?											
Has bitten or acted aggressively towards people?							☐ Ye	es	☐ No		
If 'Yes' please provide details:											
Has bitten or acted aggressively towards other animals?						☐ Ye	?S	□ No			
If 'Yes' please provide details:											

ANIMAL INFORMATION								
Where did you get the animal from?								
If given this animal, why was he/she given to you?								
How old was the animal when you got him/her (if unknown, write unknown)?								
How long have you had this animal?								
If microchipped, who is the contact person on the microchip form (to the best of your knowledge)?								
Has the cat ever had any medical or dietary issues?								
EXPERIENCES & SOCIABILITY  Mandatory information – must be supplied to accept surrender								
Has the cat lived with another cat in the family l	home?	_		Yes	□ No			
How does your cat react with other cats?	L	No contact	Friendly	☐ Wary	Aggressive (wouldn't trust)			
If answered 'wary or aggressive', please provide more details:								
Has the cat ever had contact with children?		Yes	☐ No					
If yes, what age/s were the children?								
How did the cat/s interact with the children?	How did the cat/s interact with the children?  Plays in friendly, gentle							
	☐ Ge	ets very excitab	le and rough	Would not trust with children				
Please provide more details if known:	<u>  —</u>	· · ·						
What is the cat like with strangers?		No contact	☐ Friendly	☐ Wary	Aggressive (wouldn't trust)			
If answered 'wary or aggressive', please provide more details:								
Has the cat shown any aggression towards anyone or bitten anyone?  Never shown aggression								
	Scratche							
	Bitten							
Please provide more details:								

Is the cat used to using a litter tray?	Yes	☐ No							
Does the cat like to be petted?		Yes	□ No						
Does the cat like to be picked up?		Yes			☐ No				
Has the cat ever been destructive to prope	erty?		Yes		No				
Where does the cat spend most of its time	☐ Inside	Outside							
Please provide more details:									
OTHER INFORMATION									
Is there any other information about the cat/s that may be useful for us to know?									
Office Use Only									
Form checked for responses & contact information  Microchip form printed & cross-checked for accuracy of owner									
☐ Photo taken ☐ Animal created in P&R / memo completed									
Paperwork and photo scanned/attached to animal record									
AFO Name:	Date Completed:								
Senior/Coordinator Name:	Signature: Date:								