

Voluntary Surrender of Dog Form



MARLBOROUGH
DISTRICT COUNCIL

ISO 9001
Document Number:
AAF0008-CI2217

Dog Owner's Details

Full Name _____

Date of Birth _____

Your date of birth is required so that you can be distinguished from other people with the same name and is a legal requirement

Postal Address _____
(including postcode) _____

Email _____

Phone (daytime) _____ Phone (work) _____ Mobile _____

I _____

First Name

Surname

confirm that I am the legal owner of the following dog:

Dog Details

Dog's Name	Breed	Gender	Tag

I voluntarily release the above dog into the care of the Marlborough District Council's Animal Control Services.

I understand that the voluntary surrender of the dog does not relieve me of the liability for the payment of any fees payable or any offence committed under the Dog Control Act 1996.

I understand that I am giving authorisation for Marlborough District Council's Animal Control to arrange for the rehoming or the destruction of the dog as considered appropriate and at the Marlborough District Council's discretion.

I understand that once I have surrendered the dog it will not be available to be returned.

Reason for the surrender of the above Dog

I certify that I have read and understood this form.

Signature _____ Date _____

For Office Use

Team Leader Decision:	Approved	Declined	Signature:		Date:	
Name ID:		Animal ID				
\$100 Surrender fee paid			Receipt Number			
Destruction Order Form Complete			Impound Sheet Complete			
Copy of Form given to Dog Owner			Signature:		Date:	



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