

Animal Handing Over Authority

Animal Management (Cats & Dogs) Act 2008
Goondiwindi Regional Council Local Law 2

1 Owner Details

Mr Mrs Ms Miss

Last/Surname

First/Given Name

Date of Birth (Person must be over the age of 18)

Postal Address

Email

Home Phone No.

Mobile Phone No.

Business Phone No.

Alternative Contact No.

2 Address where animal/s are kept

3 Animal Details

Dog

Cat

Name

Is the animal microchipped?

No

Yes ▶ Microchip Number

Date of Birth / Age

Gender

Male

Female

Has the animal been desexed?

No

Yes

Primary Breed

Secondary Breed

Primary Colour

Secondary Colour

Does the animal have any distinguishing features/marks?

No

Yes ▶ Give Details

Has the dog been declared a Regulated Dog?

No

Yes ▶

Date Declared

Type e.g. Dangerous

Name of Local Authority e.g. Brisbane City Council

4 I declare that I am the owner of the above described animal. I hereby authorise the Goondiwindi Regional Council to collect the above described animal for the purposes of euthanasia or possible rehoming.

Name

Signature

Date

GOONDIWINDI REGIONAL COUNCIL USE ONLY

CUSTOMER SERVICE SECTION

Fee

Receipt No.

Signature

REGULATORY COMPLIANCE SECTION

Collection Details

Date collected	<input type="text"/>
Time collected	<input type="text"/>
ACO signature	<input type="text"/>

Euthanasia Details

Date	<input type="text"/>
Time	<input type="text"/>
Vet signature	<input type="text"/>

Administration Maintenance

Authority Updated

Date	<input type="text"/>
Signature	<input type="text"/>

Regulated Dog Register Updated

Date	<input type="text"/>
Signature	<input type="text"/>