

## **POUND RELEASE - THIRD PARTY AUTHORITY**

I (owner)	
	Insert Full Name
authorise	
	Insert Full Name (must be at least 18 years of age)
of	
to collect my dog described below from the pound.	
DESCRIPTION OF DOG	
Name of dog:	
Breed:	Colour:
Microchip nr:	
Registration tag nr:	
I acknowledge that under s.30A of the Dog Act 1976, the City of Albany may do anything to ensure that a dog kept in its facility is microchipped before the dog is reclaimed by its owner and that I am liable to pay the City of Albany any reasonable costs associated with the implantation of a microchip in the dog described above in addition to any other fees.  Owner's Signature:  Date:	
DECLARATION TO REGISTER / MICROCHIP DOG AGED LESS THAN 3 MONTHS	
declare that to comply and/or registered with a second control of the second control of	of
Additionated Williams	