



McKINLAY SHIRE COUNCIL

McKinlay Shire Council
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ANIMAL CONTROL INCIDENT REPORT FORM

Animal Management Cats and Dogs Act, 2008

WHO IS REPORTING THE INCIDENT

Name: _____

Address: _____

Postcode: _____

Contact Number: _____ Email: _____

ANIMAL DETAILS (what do you recall about the animal/s)

Breed / Kind	Colour/ Markings	Other

DETAILS OF INCIDENT

Date/Time: _____ am/pm

Location: _____

What happened: _____

Action Taken/ Reported to: _____

 _____ On: _____

Name Signed