



Date _____

CRM: _____

Stray/Found Dog form

Date found: _____

Location Found: _____

Size: Small / Medium / Large

Sex: Male / Female

Breed: _____

Desexed: Yes / No

Colour: _____

Injured: Yes / No

Collar: Yes / No Description: _____

Microchip: _____

Notes: _____

Details of person handing the dog over to Council

Name: _____

Address: _____

Phone: _____

DOB: _____

Email: _____

The details above are true to the best of my knowledge.

Name: _____ Signature: _____ Date: _____

Witness Name: _____ Signature: _____ Date: _____
(Council Staff Member)