

Date:	CRM:

## **Stray/Found Dog Form**

Date found:		
Location Found:		
Size: Small / Medium / Larg	ge	Sex: Male / Female
Breed:		Desexed: Yes / No
Colour:		Injured: Yes / No
Collar: Yes / No Description	n:	
Microchip:		
Notes:		
Details of person handing the dog over to Council		
Name:		
Address:		
Phone:		
DOB:		
Email:		
The details above are true to t		
Name:	Signature:	Date:
Witness Name:(Council Staff Me	Signature:	Date: