



ANIMAL SEIZURE LOG

This Statement made by me accurately sets out the evidence of which I would be prepared to, if necessary, give in a court as witness. This Statement is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

1. PERSON WHO FOUND THE DOG

ALL FIELDS MUST BE FILLED IN

Name:			
Address:			
Telephone:	(Home)	(Mobile)	(Work)
Driver's Licence/ID#			

2. LOCATION WHERE DOG WAS FOUND

Address:			
Suburb:			
Public Place:	Yes/No	Date:	Time:
General Comment (if any)			

I.....
of the above address declare that I am not the owner of the dog/ nor do I know the owner. Signed:.....

3. ANIMAL DETAILS

Breed of dog:			
Desexed:	Yes/No	Gender:	Male/Female
Colour:		Markings/Features:	
Microchipped:	Yes/No	Microchip #	
Collar:	Yes/No	Collar Details:	
Tag:	Yes/No	Tag Details:	

4. VETERINARY CLINIC DETAILS

Name:			
Address:			
Telephone Number:			
Name of Authorised Officer:			
Signature*:		Date:	

*I the above signed person being authorised by this clinic do here by state that I have sighted the identification from the person who is leaving dog in the clinic's care and I have been informed that this dog has been seized under the provisions of the Companion Animals Act, 1998.

5. COUNCIL IMPOUNDING OFFICER

Officer Name:		CR Number:	
Signature:		Date:	
Impound Number:		Kennel Number:	

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Privacy Statement

Council is committed to protecting your privacy in all of our activities and services. Consequently, we will:

- Only use personal information provided by you for the purposes for which it was collected and for any other authorised use
- Not disclose your personal information to a third party, without your approval, and will take all necessary measures to prevent unauthorised access or disclosure, and
- Ensure that your personal information is not disclosed to other institutions and authorities outside Council except if required or authorised by law.

6. OWNER DETAILS (To be completed by person receiving companion animal)

Name:			
Address:			
Date of Birth:		Telephone:	
Driver's Licence:		Expiry Date:	
Secondary Contact: (If applicable)		Telephone:	
Signature of Owner:		Date:	