

# Report a Lost Animal Form



**Privacy Notice:** Council is collecting the personal information you supply on the form below for the purpose of including your lost pet in our Lost Animal Register. Council is authorised to do this under the *Animal Management (Cats and Dogs) Act 2008*. Council deals with personal information in accordance with law, including the *Information Privacy Act 2009*.

This form is to be completed when advising Council that your animal is lost. Please refer to [Council's Lost Animals page](#) for further information.

P: 07 4932 9000 | E: [enquiries@rrc.qld.gov.au](mailto:enquiries@rrc.qld.gov.au) | W: [www.rrc.qld.gov.au](http://www.rrc.qld.gov.au) | PO Box 1860 Rockhampton QLD 4700 | ABN: 59 923 523 766

Customer Details												
Contact name:												
First				Middle				Last				
Preferred contact number:						Email:						
Residential Address												
Street number and name:												
Suburb:						State:			Postcode:			
Postal address (if different):												
Lost Details												
Date the animal went missing:												
Location where the animal went missing (street, suburb):												
Animal Details												
Animal type: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Poultry <input type="checkbox"/> Livestock												
Name:						Lifetime tag number (dog only):						
Date of birth:			Breed:			Gender:			<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Desexed: <input type="checkbox"/> Yes <input type="checkbox"/> No			Microchip number:									
Distinguishing features:							Colour:					
Other information (timid with male, traveling between towns etc):												
Declaration												
I submit this Report a Lost Animal Form and declare that the details are correct to the best of my ability. I am the registered owner of the animal, in particular the person who has immediate custody and control of the animal, or the occupant of the land on which the animal is ordinarily kept.												
Name:				Signature:				Date:				

OFFICE USE ONLY	Date:	Lost register #:	CSO:	Information checked: Y / N
-----------------	-------	------------------	------	----------------------------