



# ETHERIDGE SHIRE COUNCIL

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Address all correspondence to:

The Chief Executive Officer

## FERAL ANIMAL DESTRUCTION FORM

Please email completed forms to [stores@etheridge.qld.gov.au](mailto:stores@etheridge.qld.gov.au)

### TRAPPER'S DETAILS

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### WILD DOG SCALPS

#### CAT'S TAILS

No. of Males \_\_\_\_\_ No. of Males \_\_\_\_\_ Method used to

destroy animals \_\_\_\_\_

No. of Females \_\_\_\_\_ No. of Females \_\_\_\_\_

General Area \_\_\_\_\_ No. of Feral

GPS Location \_\_\_\_\_ GPS Location \_\_\_\_\_ Animals observed

on Property \_\_\_\_\_

### PROPERTY DETAILS

Property Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Contact Person/s \_\_\_\_\_

PIC Number\* \_\_\_\_\_ \*No PIC required for Cat's tails

### PEST MANAGEMENT ACTIVITIES USED ON PROPERTY WITHIN THE LAST 12 MONTHS

ESC's 1080 Baiting Program S7 Approved (*Properties recorded by Council*)  
Date of last baiting program on property \_\_\_\_\_

Strychnine S7 Approved (*Please provide receipt / proof of purchase*)

Factory Baits S7 Approved (*Please provide receipt / proof of purchase*)

Trapping / Shooting

### OFFICE USE ONLY

Authorised Officer's Name \_\_\_\_\_ Signature \_\_\_\_\_

Condition of Scalps / Tails \_\_\_\_\_ Date \_\_\_\_\_

### DESIGNATED BOUNTY LEVEL

**LEVEL ONE - \$10 for each cat's tail / \$20 for each scalp**

- *Property has no pest management plan in place*

- *No aerial or ground baiting has taken place within the last 12 months*

**LEVEL TWO - \$50 for each scalp (cat's tails not eligible for level two)**

- *Pest management plan in place with Etheridge Shire Council such as; aerial baiting in the last 12 months.*