**WILDLIFE DISEASE INCIDENT SUBMISSION FORM**

**Submitter details**

|  |  |
| --- | --- |
| Name and how involved: |  |
| Telephone: |  |
| Email: |  |
| Address: |  |

Details of other people in attendence

|  |  |
| --- | --- |
| Names, role/s in the incident and contact details: |  |

**Details of animal deaths/illness**

|  |  |
| --- | --- |
| What species? |  |
| Where? (include GPS or map reference if possible) |  |
| How many animals? |  |
| What signs or symptoms? |  |
| When did this happen? |  |
| Is it ongoing or has the incident stopped? |  |

**Have you noticed anything which might account for the deaths?**

|  |  |
| --- | --- |
| Vectors of diseases (e.g. mosquitos)?  Are there lots of insects around or very few? |  |
| Water sources? |  |
| Chemicals? |  |
| Extreme or violent weather conditions |  |
| Other comments? |  |

**Who else has been notified of this incident?**

|  |
| --- |
| For example, wildlife carers or environment department |

**Recommended contacts**

|  |
| --- |
| Please give details (who) |

**PLEASE ATTACH ANY MAPS AND/OR PHOTOGRAPHS THAT COULD BE RELEVANT**

**PLEASE SUBMIT FORM TO YOUR STATE DEPARTMENT OF PRIMARY INDUSTRIES**

**Thank you**