



Western Edge *Fire* Service

Eradication of Feral Animals **ACTION PLAN**

To be filled in and printed off and sent to WEVFS Feral Control Email

From Date to between the hours of and

Property Owners Name

Address of Property Size

Eradication of Other Permit Number

Property Direction Neighbours Contacted

Hazards

Firing Direction

Location of Feral Animals

Number of feral Animals Number of Persons Shooting

Officer In Charge (OIC)

What Calibre Rifles and/or Shotguns

What action to be taken with deceased

Notes

Western Edge *Fire* Service Officer In Charge (OIC) _____

Signature of Property Owner _____