ANBG SNAKE ENCOUNTER FORM

Date	of encounter:	Encounter time:	Encounter Location: (mark on map)
1. W	hat was the snake	doing when you first saw it?	(Moving, still, coiled, eating, etc.)
2. W	/hat were you doinş	g at the time? (eg. Walking, s	standing still, etc.)
3. 0	n initial encounter	did the snake raise its head	off the ground? Yes / No / Don't Know
4. D • • • •	Stay still	you y	
5. If •	Display an S-shap short of your posit Make a prolonged bite, have a flatten	a slowly without any type of p ed posture and / or after a sho ion and immediately retreat. and rapid motion directly tow ed neck and extensively postu	rt pause lunge in your general direction (falling vards you with its mouth open in an attempt to
	•	esponse to the snake? (eg. A stand still and move slowly a	approach the snake, move rapidly away, stand way from the snake, etc.)
7. H	ow close to the snal	ke were you when you first s	aw it?
		e when you first saw it? (eg. agst light scattered vegetation.	In the open on a path or road, amongst medium amongst rocks)
9.	Describe any dist	inguishing marks on the sna	ıke
10.	Are you? Male / F	emale	
11.	Are you a Staff member Volunteer Overseas visitor Interstate visitor Local visitor Research student Other		

Please mark where you saw the snake on the map. Thank you for completing this form.

