

Your Company Name

Address

City, State, Zip

Phone

WILDLIFE CAPTURE FORM

NAME _____

Animal ID _____

LOCATION _____

Date _____

CITY, ST & ZIP _____

Technician _____

PHONE _____

Location of Capture _____

Reason for Capture _____

Species _____

Sex: M F UNK

Estimated Age _____

Weight _____

Body Condition Poor

Good

Excellent

Body Length _____ Girth _____

Injuries / Scars _____

Time	Drug	Dose (mg or ml)	Method	Location

Time Animal Immobilized _____ Time _____ Temperature _____ Pulse _____ Respiration _____

Time Animal Recovered _____

Closure: Released
Transported
Euthanized

Radio Collar Frequency _____
Radio Signal Checked Yes No

Ear Tag Number(s) _____
Color(s) _____

Samples Taken: _____

Comments: _____