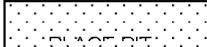


COLD STUN EVENT TURTLE DATA

DATE FOUND: Month ____ Day ____ Year 20 ____ COUNTY FOUND: _____

SPECIFIC LOCATION FOUND: _____

SPECIES: (Check one.) <input type="checkbox"/> Loggerhead <input type="checkbox"/> Green Turtle <input type="checkbox"/> Hawksbill <input type="checkbox"/> Kemp's Ridley	CONDITION AT INTAKE: (Check one.) <input type="checkbox"/> Responsive <input type="checkbox"/> Unresponsive	FIBROPAPILLOMA? (Check one.) <input type="checkbox"/> Yes (If yes, please fill out back of this sheet.) <input type="checkbox"/> No
PHOTO TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		RECORDER NAME: _____

EXISTING FLIPPER TAG(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	NEW FLIPPER TAG(S) APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
(When recording tag numbers below, circle E for existing tag and N for new tag. Also, please note if an existing tag was removed. Positions refer to the placement of the tag in one of the first three trailing scales beginning at the body.)	
TAG # (LEFT) Existing (E) or New (N) _____	POSITION: 1 2 3 
TAG # (RIGHT) Existing (E) or New (N) _____	POSITION: 1 2 3
PIT TAG ALREADY PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PIT LOCATION: RF LF RR LR
PIT TAG NUMBER: _____ (If PIT tag applied, please also put sticker in the box above.)	

(* <i>Only if</i> calipers are available.)	(** <i>Only if</i> calipers are <i>not</i> available.)
* Straight Carapace Length (notch to notch) _____ cm	** Curved Carapace Length (notch to notch) _____ cm
Flipper Damage? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe: _____	

Carapace Damage? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe: _____	

SAMPLES TAKEN (Check all that apply.)
GENETIC TISSUE SAMPLE <input type="checkbox"/> STABLE ISOTOPE TISSUE SAMPLE <input type="checkbox"/>
OTHER <input type="checkbox"/> Describe: _____

FATE OF TURTLE
FOUND DEAD/NEVER RESPONSIVE <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, disposition of carcass: _____
TAKEN TO HOLDING FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO DATE TAKEN: Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/> Year 20 <input type="checkbox"/> <input type="checkbox"/>
Name of Facility (also note any subsequent transfers): _____
DIED AT HOLDING FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, disposition of carcass: _____
RELEASED? <input type="checkbox"/> YES <input type="checkbox"/> NO RELEASE DATE: Month <input type="checkbox"/> <input type="checkbox"/> Day <input type="checkbox"/> <input type="checkbox"/> Year 20 <input type="checkbox"/> <input type="checkbox"/>
Release Location: _____

OTHER NOTES: _____