

COOPERATIVE MARINE TURTLE TAGGING PROGRAM (CMTTP)

TAGGING DATA FORM

SPECIES: <u>CM</u>	DATE CAPTURED:	DAY <u>01</u>	MO <u>01</u>	YR <u>2001</u>	DATE RELEASED:	DAY _____	MO _____	YR _____
TAG NUMBERS (LIST ALL NUMBERS AND LETTER PREFIXES; CIRCLE TAG NUMBERS ALREADY ON THE TURTLE [= "OLD TAGS"]):								
LEFT FRONT: _____	RIGHT FRONT: _____			LEFT REAR: _____		RIGHT REAR: _____		
PIT TAG#: _____				LOCATION OF PIT TAG: _____				
WAS TURTLE CARRYING TAGS WHEN ENCOUNTERED?:			YES		NO <input checked="" type="checkbox"/>		IF YES, THEN CIRCLE CORRECT STATEMENT:	
1. RECAPTURE OF SAME PROJECT TURTLE (EITHER WITHIN SEASON OR BETWEEN SEASONS)								
2. RECAPTURE OF DIFFERENT PROJECT TURTLE (NOT A TAG YOUR GROUP APPLIED)								
TAG RETURN ADDRESS:								
ORGANIZATION TAGGING AND/OR RELEASING TURTLE (INCLUDE AREA CODE/PHONE NUMBER; AND EMAIL): <u>VMSC - Michelle Bauer - 386-304-5544 - mbauer@co.volusia.fl.us</u>								
PROJECT TYPE (CIRCLE ONE):								
[NESTING BEACH]	[TANGLE NET]	[POUND NET]	[HAND CATCH]	[STRANDING]	[OTHER, DESCRIBE]			
IF NESTING BEACH: DID TURTLE NEST?		YES	NO	UNDETERMINED				
FACILITY WHERE TURTLE WAS BEING HELD:								
DESCRIBE CAPTURE LOCATION. BE SPECIFIC, INCLUDE COUNTY AND LAT/LONG IF AVAILABLE <u>A1A near the Conch House (?); County: St. Johns; Latitude: 29.53350; Longitude: 81.17420</u>								
DESCRIBE RELEASE LOCATION. BE SPECIFIC, INCLUDE COUNTY AND LAT/LONG IF AVAILABLE.								
TURTLE MEASUREMENTS:								
STRAIGHT CARAPACE LENGTH (SCLMINIMUM):		_____ CM			_____ INCHES			
STRAIGHT CARAPACE LENGTH (SCLNOTCH-TIP):		_____ CM			_____ INCHES			
STRAIGHT CARAPACE WIDTH (SCW):		_____ CM			_____ INCHES			
CURVED CARAPACE LENGTH (CCLMINIMUM):		_____ CM			_____ INCHES			
CURVED CARAPACE LENGTH (CCLNOTCH-TIP):		_____ CM			_____ INCHES			
CURVED CARAPACE WIDTH (CCW):		_____ CM			_____ INCHES			
WEIGHT:		_____ KG			_____ LBS			
TURTLE WAS INSPECTED AND/OR SCANNED FOR:								
TAG SCARS:	YES <input checked="" type="checkbox"/>	NO	WHERE LOCATED? <u>LFF</u>					
PIT TAGS:	YES	NO <input checked="" type="checkbox"/>	WHAT FREQUENCY?					
MAGNETIC WIRES:	YES <input checked="" type="checkbox"/>	NO	WHERE LOCATED? <u>Rt shoulder</u>					
LIVING TAGS:	YES	NO <input checked="" type="checkbox"/>	WHERE LOCATED?					
ADDITIONAL REMARKS OR DATA ON BACK OF FORM:			YES		NO <input checked="" type="checkbox"/>			
MAIL COMPLETED FORM TO: ARCHIE CARR CENTER FOR SEA TURTLE RESEARCH, DEPARTMENT OF ZOOLOGY, PO Box 118525 UNIVERSITY OF FLORIDA, GAINESVILLE, FL 32611 USA								