

COOPERATIVE MARINE TURTLE TAGGING PROGRAM (CMTTP)

TAGGING DATA FORM

SPECIES: <u>CM</u>	DATE CAPTURED:	DAY <u>05</u>	MO <u>06</u>	YR <u>2007</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: <u>Cm0738A</u>		RIGHT FRONT: <u>Cm0738B</u>		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									