

COOPERATIVE MARINE TURTLE TAGGING PROGRAM (CMTTP)

TAGGING DATA FORM

SPECIES: <u>CM</u>	DATE CAPTURED:	DAY <u>09</u>	MO <u>10</u>	YR <u>2004</u>	DATE RELEASED:	DAY <u>05</u>	MO <u>09</u>	YR <u>2007</u>
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): VMSC - Michelle Bauer - 386-304-5544 - mbauer@co.volusia.fl.us								
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: VMSC - Michelle Bauer - 386-304-5544 - mbauer@co.volusia.fl.us								
DESCRIBE CAPTURE LOCATION. BE SPECIFIC, INCLUDE COUNTY AND LAT/LONG IF AVAILABLE stranding volusia								
DESCRIBE RELEASE LOCATION. BE SPECIFIC, INCLUDE COUNTY AND LAT/LONG IF AVAILABLE. euth								
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	NO <input checked="" type="checkbox"/>	WHERE LOCATED?					
PIT TAGS:	YES	NO <input checked="" type="checkbox"/>	WHAT FREQUENCY?					
MAGNETIC WIRES:	YES	NO <input checked="" type="checkbox"/>	WHERE LOCATED?					
LIVING TAGS:	YES	NO <input checked="" type="checkbox"/>	WHERE LOCATED?					
ADDITIONAL REMARKS OR DATA ON BACK OF FORM:			YES <input checked="" type="checkbox"/>		NO			
MAIL COMPLETED FORM TO: ARCHIE CARR CENTER FOR SEA TURTLE RESEARCH, DEPARTMENT OF ZOOLOGY, PO Box 118525 UNIVERSITY OF FLORIDA, GAINESVILLE, FL 32611 USA								