TAGGED FISH FORM

Trip #: _____   Vessel ID: _____   Observer Name: _____

Vessel Name: _____   Base Permit No: _____

Captain (or reward recipient's name): _____

Address: _____

_____

_____

Species: _____

Tag Prefix (often a two letter code and Serial #): _____

Tagging Agency (circle one): Seattle   Auke Bay   Nanaimo   Shimizu   IPHC   Other _____

Date and Time of Capture: _____ / _____ / _____   _____

Capture Location (Lat and Long): [ ][ ]°[ ][ ].[ ] N   [1][ ][ ]°[ ][ ].[ ] W

Capture Depth (fathoms): _____

Vessel Gear Type: _____

Sex and Maturity of Gonads (immature, mature, spawning): _____

Length (fork length in cm): _____

Weight (total wt. in lbs.): _____

General Appearance (poor body condition, good body condition):

Condition of Tagging Wound (healthy healed tissue, open wound):

Other Comments:

Attach Tag or vial here (with tape):