

## GREEN TURTLE COLD STUNNING DATA COLLECTION FORM (BATCHED)\*

*\*All other species must be documented separately on an individual STSSN form*

<b>OBSERVER'S NAME / ADDRESS / PHONE</b> First _____ M.I. _____ Last _____ Affiliation _____ Address _____ Area code/Phone number _____	<b>STRANDING DATE:</b> Year 20__ __ Month __ __ Day __ __ ----- <b>State coordinator must be notified within 24 hrs; this was done by:</b> <input type="checkbox"/> phone (361)949-8173 x226 <input type="checkbox"/> email <input type="checkbox"/> fax (361)949-9134
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<b>STRANDING INFORMATION:</b> County _____ Descriptive location (be specific) _____ Latitude: _____ Longitude _____ (if available)
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<b>TAGS: Contact state coordinator before disposing of any tagged animal!!</b>  Checked for PIT tags? <input type="checkbox"/> Yes <input type="checkbox"/> No  PIT tags present? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*Tagged turtles are to be documented separately on an individual STSSN form.</i>  Photos taken of all turtles? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>CONDITION AT INTAKE:</b> Number alive: (No FP) # _____ (FP) # _____ Number dead: (No FP) # _____ (FP) # _____ Total # _____
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<b>CARAPACE MEASUREMENTS:</b> <p style="text-align: center;"><b>Random Sample of Straight Length (SCL) Measurements (NOTCH-TIP):</b></p> <p style="text-align: center;">How were Measurements Taken?    <input type="checkbox"/> Calipers    <input type="checkbox"/> Measuring Tape</p> <table style="width: 100%; border: none;"> <tr> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> </tr> <tr> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> </tr> <tr> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> </tr> <tr> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> </tr> <tr> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> <td>SCL: _____ cm</td> </tr> </table>	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm
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SCL: _____ cm	SCL: _____ cm	SCL: _____ cm	SCL: _____ cm																	

<b>FINAL DISPOSITION:</b>  Found alive, taken to rehab # _____ Name of Facility(s) (also note any subsequent transfers): _____  Found alive, but died prior to transport to rehab # _____ Disposition of Carcasses: _____  Found dead # _____ Disposition of Carcasses: _____
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<b>OTHER NOTES:</b>
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