

Box Turtle Connection: Capture Data Sheet

Updated March 30, 2013

CAPTURE INFORMATION

Site Name: _____ **Recap?** Y or N or Unknown **Status:** Alive Dead **Turtle ID** _____
Date (mm/dd/yyyy): _____ **Day:** _____ **Time:** _____ AM PM ***Capture Method (1-7):** _____
Inside Defined Study Site (DSS)? Y N **If yes, which DSS?** _____
Capture comments: _____
Observer(s): _____

LOCATION DETAILS

Coordinates (UTM): E _____, N _____ **Zone:** _____ **Datum:** WGS 84
Location Description: _____

Air Temp: _____ F or C **Sky Index* (0-4):** _____ **Weather *(1-3):** _____ **Days since last rain:** _____

TURTLE DESCRIPTION

Eye Color: brown pale red bright red other _____
Life Stage: Hatchling Juvenile Adult **CL min. measured from venter:** _____
Sex: M F Unknown **Max CW (mm):** _____
of Annuli: _____ **PL Anterior to hinge (mm):** _____
Mass (g): _____ **PL Hinge to posterior (mm):** _____
Photos taken? Y N **Shell height at hinge (mm):** _____
(measured on turtle's right side)
Habitat (1-9): _____

Capture Method: 1=road capture; 2=while mowing; 3=active search; 4=incidental; 5=radio signal; 6=dog; 7=other

Sky Index: 0= 0% clouds; 1= 25% clouds; 2=50% clouds; 3=75% clouds; 4=100% clouds

Weather: 1= no precipitation; 2=light drizzle/mist; 3=rain

Habitat: 1=field/forest edge (within 6m of boundary); 2=field; 3=pine forest; 4=hardwood forest; 5=stream/river; 6=open wetland; 7=forested wetland; 8=other; 9=mixed pine/hardwood forest

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TURTLE CONDITION & NOTES

- Injuries/Defects:** None seen Crushed or damaged carapace Crushed or damaged plastron
 Damaged eye or eyes Missing digits, and/or limbs Skin/soft tissue scars or injuries
 Tooth marks on shell Other

Injuries/Defects Notes: _____

- Illness/Health Issues:** None detected Discharge from eyes, mouth, and/or nose. If yes, what color is discharge? _____
_____ Discharge from vent. If yes, what color is discharge _____
 Swollen right ear Swollen left ear Swollen or closed right eye
 Swollen or closed left eye Other

Illness/Health Issues Notes: _____

- Parasites:** None detected Leech(es) Tick(s) Other

Parasites Notes: _____

Indicate ID file markings in Figure 1. Show any Injuries, Unusual Scute Patterns, or Defects in Figures 2 and 3:

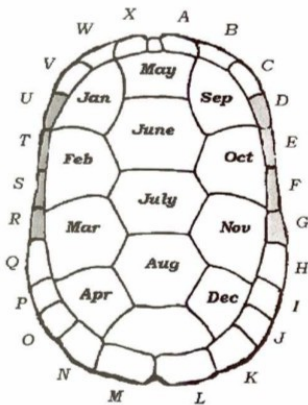


Figure 1

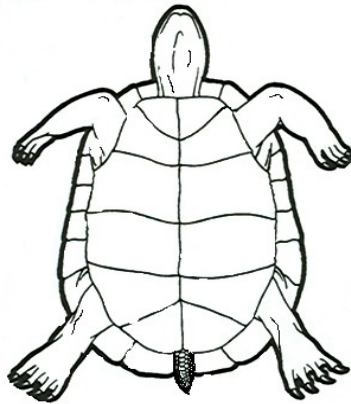


Figure 2

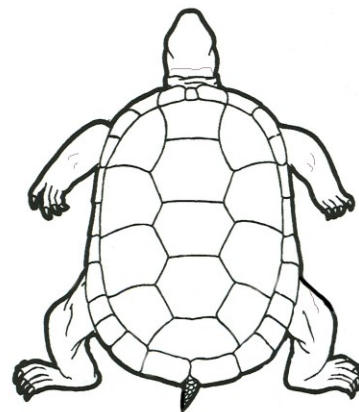


Figure 3

Comments: _____

