

**COOPERATIVE MARINE TURTLE TAGGING PROGRAM (CMTTP)
TAGGING DATA FORM**

| | | | | | | | | |
|--|--------------------|-------------|-----------------|----------------------------|--|---------|--------|--------|
| SPECIES: _____ | DATE CAPTURED: | DAY__ | MO____ | YR____ | DATE RELEASED: | DAY____ | MO____ | YR____ |
| 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 | 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): | | | | | | | | |
| 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 | | | | | | | | |
| 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 | NO | WHERE LOCATED? | | | | | |
| PIT TAGS: | YES | NO | WHAT FREQUENCY? | | | | | |
| MAGNETIC WIRES: | YES | NO | WHERE LOCATED? | | | | | |
| LIVING TAGS: | YES | NO | WHERE LOCATED? | | | | | |
| ADDITIONAL REMARKS OR DATA ON BACK OF FORM: | | | YES | 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 | | | | | | | | |