

Mail or Fax to:
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 California Department of Fish and Wildlife
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Raptor Carcass Recovery Form

Observation Date (mm/dd/yyyy):

Reporter:	Observer is same as reporter.
Affiliation:	Observer:
Address:	Address:
E-mail:	E-mail:
Phone:	Phone:

Location Description (please be as detailed as possible; coordinates preferred)

Specific mortality location (address, refuge unit, intersection, park, etc.):

County:

Datum: NAD 27

NAD 83

WGS 84*

Coordinate system: UTM Zone 10

or Zone 11

Nearest City:

OR Geographic (Latitude & Longitude)

Coordinates:

Coordinate source:

*Google Maps/Earth use WGS 84

Carcass Information (include photos of carcass as found & surrounding area, if possible)

Species	Age (juvenile/adult)	Number

Clinical signs (any unusual behaviors or physical appearance):

Problem area description (urban, rural, agriculture, habitat type, waterbody type):

Hazards (artificial food/water, roads, power lines, power poles, wind turbines, pesticides):

Environmental factors (weather, food/water shortages, fire):