

STATE OF CALIFORNIA
THE RESOURCE AGENCY
DEPARTMENT OF FISH AND WILDLIFE

California Department of Fish and Game
CALIFORNIA PEREGRINE FALCON
NESTING TERRITORY SURVEY FORM

Revised 1/2018

Nest ID: _____

County: _____ **Survey Year:** _____

Property Owner: _____ **If USFS:** _____ National Forest

Name (or general location of territory): _____

Nest Cliff Height: _____

Nest Height: _____

Location of Nest Site: LAT: _____ **LONG:** _____

Habitat Description: _____

Other location info: _____

No. of nests in territory - Active: _____ **Unactive:** _____

Nest: Year last used _____

NOTE: Please attach a map showing the location of any newly documented nest.

Describe nest, and add other remarks: _____

For each visit to a territory, note, in detail, the times, number and age of birds, behavior of birds (lying, perching, etc.), evidence of nesting (nest maintenance, courtship, incubation posture), disturbances, and other pertinent information:

Initials of Observer	Date of Visit	Observations

(Attach additional pages, if necessary)

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General Remarks:

PLEASE SUMMARIZE:

A. Successful Nestings: No. of young known fledged _____ or probably fledged _____

B. If no fledglings were produced this season please answer the following:

How many adults were seen in the territory? _____

Were adults seen in the nest? Yes ___ No ___

Were adults in incubating posture? Yes ___ No ___

Number of nestlings observed? _____

Failed during incubation: _____ or nestling stage: _____ .

Other remarks:

Observer(s) name:

Affiliation:

Address:

Phone: () _____ **Fax:** () _____ **Email:** _____

