California Department of Fish and Wildlife
Fish Tag Recovery Record

*Please fill out this form, attach the tag, and mail it to:
California Department of Fish and Wildlife
PO Box 944209
Sacramento, CA  94244
Attn: FB – Inland Fisheries
(REV. 1/17/2020)

Your information:
Name (First and Last):_________________________________________________________

Mailing Address:________________________________________________________________
City:________________________ State:_______ Zip:___________

Day time Phone Number with Area Code:_________________________________________

Email Address:________________________________________________________________

Tagged Fish Information:
Fish Tag Number:____________________ Kind of Fish:______________________________

Total Length of Fish (measured from tip of nose to tip of tail):___________ Date caught:___________

Did the fish have another tag on it? ☐ YES ☐ NO If so, explain:_____________________

Where was the fish caught? (Be as specific as possible):______________________________
________________________________________________________________________________

Other Information:
When were you fishing? (check one): ☐ DAY ☐ NIGHT

Was the fish kept or released (check one)? ☐ KEPT ☐ RELEASED

What were you using (check one)? ☐ BAIT ☐ LURE

How were you fishing (check one)? ☐ BOAT ☐ SHORE

Did you catch any other fish today? Explain. __________________________________________
________________________________________________________________________________

ATTACH TAG HERE