WHOOPING CRANE SIGHTING REPORT

Observer: Name _____ Telephone _____

Address_____

Reporter: Name _____ Telephone _____

Address _____ Agency/Org. _____

Reporting Date _____ Sighting Date _____

Number Seen: Adults _____ Young _____ Total _____

Location: (Direction and distance from nearest town, and legal description of site)

_____

_____

_____

_____

Describe site: (Any details about land use, wetland, etc.)_____

_____

_____

_____

Time and duration of sighting: _____

Color-markings observed: _____

Final Tabulation Use, Only

OBS. NO. _____

Classification:
Confirmed _____
Probable _____
Unconfirmed _____

Sighting Date & Duration: _____
_____
_____

Location:
County _____
Prov/State_____
(Degree Block)
Lat. _____
Long. _____

Ground_____
Water _____
Air _____

Color-Marking
Lft. _____
RT. _____

Observation Details:

Bird(s) observed: (1) flying _____ or, (2) landed _____

Distance of observation _____ Binoc. Used _____ Scope used _____

Bird(s) description (ask observer about each)

BODY _____

LEGS _____

WINGS _____

NECK _____

HEAD & BILL _____

Behavior (describe in observers words): _____

_____

_____

_____

_____

List other birds present at site: _____

_____

List species seen flying with: _____