

WHOOPING CRANE REPORT FIELD SHEET

STATE _____
Recorded by _____
Date _____
Phone Number _____

FOR RECORDS CENTER ONLY
Obs. Number _____
Confirmed _____
Probable _____
Unconfirmed _____

STATE CONTACT PERSONS:

Name _____
Office Phone _____
Home Phone _____

Name _____
Office Phone _____
Home Phone _____

FWS CONTACT PERSONS:

Name _____
Office Phone _____
Home Phone _____

Name _____
Office Phone _____
Home Phone _____

If a whooping crane is sighted or reported, IMMEDIATELY notify your agency contact person. If you are unable to advise your designated agency contact person, please notify a contact person of the cooperative agency. Notify your immediate supervisor, if you are unable to contact any of the people listed above. Complete this form whenever you receive a report of a whooping crane. Inquire about the observer's familiarity with whoopers and look alike species. The question should be worded to gain some insight about the validity of the sighting report. Send completed form to: Wally Jobman, U.S. Fish and Wildlife Service, 2604 St. Patrick, Suite 7, Grand Island, NE 68803.

Observer's Name _____
Address _____
Phone Number (home) _____ (work) _____
Other Observers (?) Names _____

Date of Observation _____ Time _____

Location of Sighting (distance and direction from nearest town)

Description of birds _____

Number of adults _____ young _____ Duration of sighting _____

Behavior of birds (Circle appropriate descriptor: flying or landed, feeding or roosting).

Evidence of injury, sickness, or hazard? _____

Colored leg bands observed: Left _____ Right _____

___ / Reported to Records Center: Date _____ Time _____

___ / Phone ___ / Mail By (name) _____