

BTC Turtle Capture Data Sheet

Last revised February 2025

CAPTURE INFORMATION

Site Name: _____ Recapture? Y or N or Unknown Turtle ID: _____

Status: Alive or Dead Date (mm/dd/yyyy): _____ Day: _____ Time: _____ AM PM

Capture Method* (1-7): _____ Capture comments: _____

Observer(s): _____

Processed By: _____

LOCATION DETAILS

Coordinates: _____, _____ • Lat/Long • UTM; Zone: _____

Datum: WGS 84 Location Description: _____

Air Temp: _____ °F or °C Sky Index* (0-4): _____ Weather *(1-3): _____ Days since last rain: _____

TURTLE DESCRIPTION

Eye Color: _____ brown _____ pale red _____ bright red _____ other: _____

Sex: M F Unknown

SCL min. (mm): _____

Mass (g): _____

Max CW (mm): _____

Annuli Count: _____

PL Anterior to hinge (mm): _____

Habitat (1-9): _____

PL Hinge to posterior (mm): _____

Photos taken? Y N

Shell height at hinge (mm): _____
(measured on turtle's right side)

Capture Method: 1=road capture; 2=while mowing; 3=active search; 4=incidental; 5=radio signal; 6=dog; 7=other

Sky Index: 0= 0% clouds; 1= 25% clouds; 2=50% clouds; 3=75% clouds; 4=100% clouds

Weather: 1= no precipitation; 2=light drizzle/mist; 3=rain

Habitat: 1=field/forest edge (within 6m of); 2=field; 3=pine forest; 4=hardwood forest; 5=stream/river; 6=open wetland; 7=forested wetland; 8=other; 9=mixed pine/hardwood forest; 10=ocean beach/dunes

BTC Turtle Capture Data Sheet

Page 2

TURTLE CONDITION & NOTES

Injuries/Defects: None seen ____ Crushed or damaged carapace ____ Crushed or damaged plastron ____

Damaged eye or eyes ____ Missing digits, and/or limbs ____ Skin/soft tissue scars or injuries ____

Tooth marks on shell ____ Other ____

Injuries/Defects Notes: _____

Illness/Health Issues: None detected ____ Discharge from ____ eyes, ____ mouth, ____ nose. What color is discharge? _____

Discharge from vent ____ If there is a discharge from vent, what color? _____

Swollen ear ____ left ____ right. Swollen eye ____ left ____ right.

Other _____

Illness/Health Issues Notes: _____

Parasites: None detected ____ Leech(es) ____ Tick(s) ____ Other ____

Parasites Notes: _____

Indicate ID file markings in Figure 1. Show any Injuries, Unusual Scute Patterns, or Defects in Figures 2 and 3.

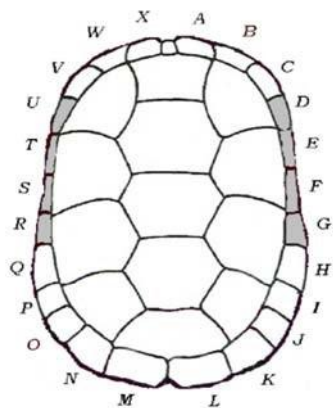


Figure 1

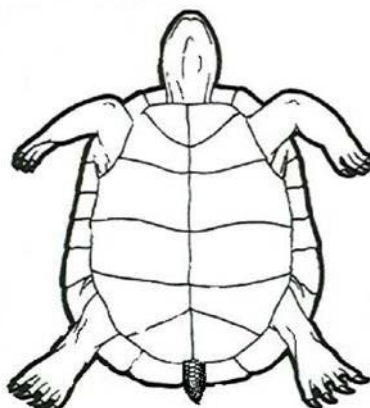


Figure 2

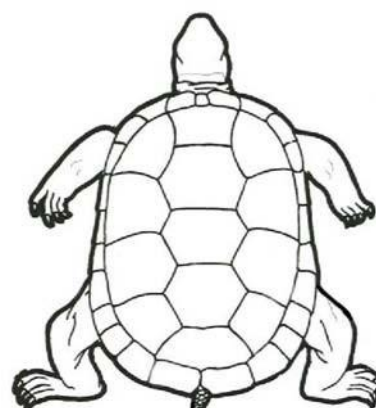


Figure 3

(Please provide a brief description in the Comments section below of anything marked here)

Carapace Scute Counts: _____ Vertebral _____ Left Pleural _____ Right Pleural _____ Marginal

Comments:

Initial when each of the following actions is performed: _____ Entered _____ Proofed _____ Scanned