BTC Turtle Capture Data Sheet

Last revised March 2026

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 in Decimal Degrees): _____, _____

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

Mass (g):_____

Annuli Count: _____

Habitat (1-9): _____

Photos taken? Y N

SCL min. (mm): _____

Max CW (mm):_____

PL Anterior to hinge (mm):_____

PL Hinge to posterior (mm): _____

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

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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.

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

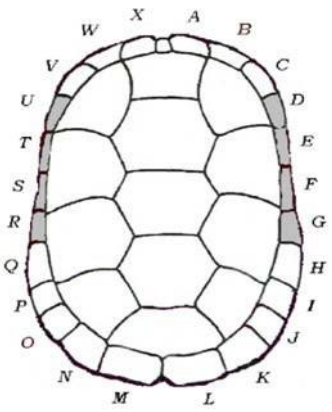

Figure 1

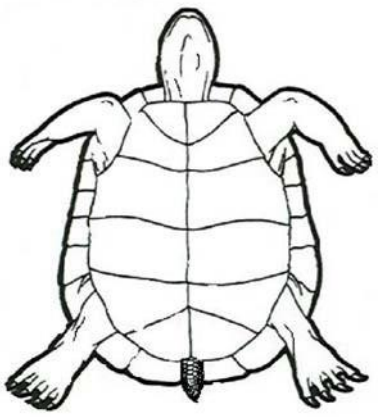

Figure 2

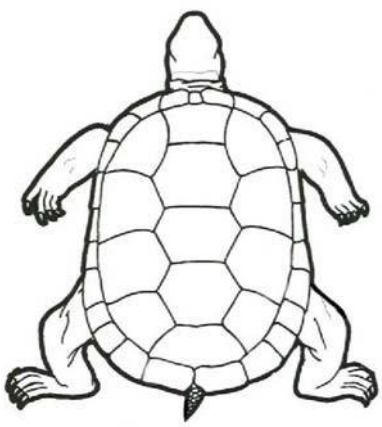

Figure 3

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

Comments:

_____

_____

_____

_____

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