

Eastern Box Turtle Individual Form (03/01/2021) Northeast Eastern Box Turtle Working Group	Site Name:
	Site Code:

Survey Type: Feature OR Plot → # 1 2 3 4 __ Track Recorded

Date: _____ Time: _____ Visit: 1 2 3 __

Observer(s): _____ Dog Capture

Turtle ID# : _____ Sex (M/F/U): _____ Age (A/J): _____

Waypoint ID: _____ Unmarked Marked 1st Capture Within yr recapture

Coordinates (dd.dddd): _____

SCLmin (mm): _____ PIT number: _____

CW*: _____ Wear class (right pectoral): 0% <50% ≥50% ≥90%

AntSPL*: _____ Visible annuli: _____ gravid not gravid

PostSPL*: _____ Health: lethargy URT distress sores dead good

SPLmin (optional): _____ Injuries: tail eye limb (specify) none

PW*: _____ Scute morph: normal irregular (specify below)

SH*: _____ Distance to (m)... Ecotone: _____ Mature forest: _____ Shrub/Herb: _____

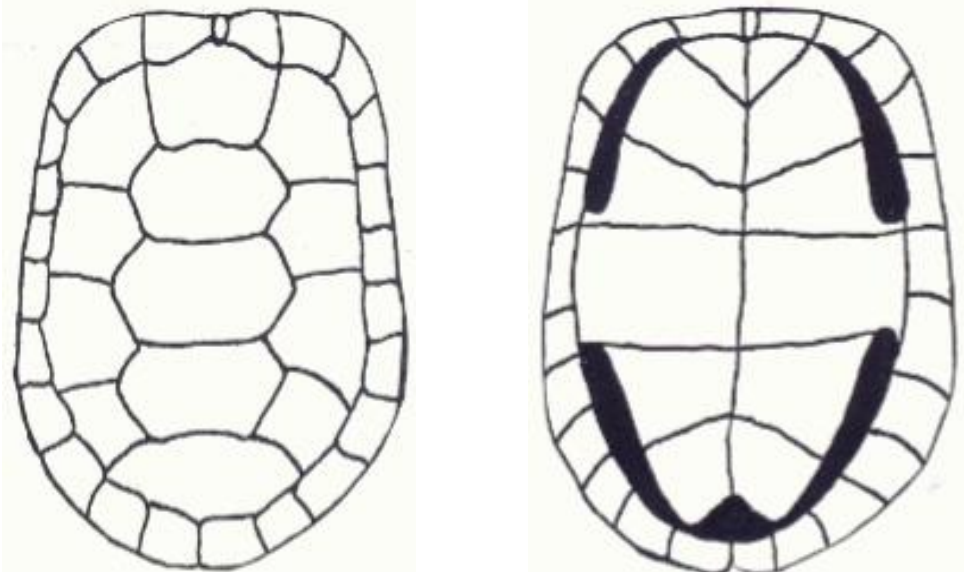
Mass (g): _____ Calipers used Photo ID #s: _____

Indicate notches/injuries Tissue: blood toenail shavings other: _____



Comments:

*CW = max width of shell; AntSPL = SPL anterior to hinge; PostSPL = SPL posterior to hinge;
PW = width of humeral-pectoral seam; SH = maximum shell height

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Northeast Eastern Box Turtle Working Group		Site Code:	
Survey Type: <input type="checkbox"/> Feature OR <input type="checkbox"/> Plot → # <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> __		<input type="checkbox"/> Track Recorded	
Date:	Time:	Visit: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> __	
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Coordinates (dd.dddd):			
SCLmin (mm):	PIT number:		
CW*:	Wear class (right pectoral): <input type="checkbox"/> 0% <input type="checkbox"/> <50% <input type="checkbox"/> ≥50% <input type="checkbox"/> ≥90%		
AntSPL*:	Visible annuli:	<input type="checkbox"/> gravid <input type="checkbox"/> not gravid	
PostSPL*:	Health: <input type="checkbox"/> lethargy <input type="checkbox"/> URT distress <input type="checkbox"/> sores <input type="checkbox"/> dead <input type="checkbox"/> good		
SPLmin (optional):	Injuries: <input type="checkbox"/> tail <input type="checkbox"/> eye <input type="checkbox"/> limb (specify)		
PW*:	Scute morph: <input type="checkbox"/> normal <input type="checkbox"/> irregular (specify below)		
SH*:	Distance to (m)...	Mature forest:	Shrub/Herb:
Mass (g):	Calipers used <input type="checkbox"/>	Photo ID #s:	
Indicate notches/injuries	Tissue: <input type="checkbox"/> blood <input type="checkbox"/> toenail <input type="checkbox"/> shavings <input type="checkbox"/> other:		
			
Comments:			
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