



## STRANDING RESPONSE REPORT FORM

<b>CODE NUMBER</b> _____ <b>COMMON NAME:</b> _____ <b>GENUS:</b> _____ <b>SPECIES:</b> _____ <b>CALL RECEIVED BY:</b> _____ <b>Affiliation:</b> _____ <b>TEAM LEADER</b> _____ <b>Contact nos:</b> _____	
<b>A. LOCAL CONTACT INFO</b> Date of Stranding: _____ Time of stranding: _____ Name of Contact: _____ Tel. Numbers: _____  <b>Observations of local contact:</b> Approximate size of animal (meters): _____  First observed: <input type="checkbox"/> beach/land <input type="checkbox"/> floating <input type="checkbox"/> swimming Animal condition <input type="checkbox"/> live <input type="checkbox"/> fresh dead <input type="checkbox"/> decomposing	<b>B. STRANDING SITE ADDRESS AND DESCRIPTION</b> Region _____ Province _____ City/Municipality _____ Address _____ Weather condition _____ Water condition _____  Stranding site accessible by road? <input type="checkbox"/> yes <input type="checkbox"/> no Type of beach: <input type="checkbox"/> sand <input type="checkbox"/> silt <input type="checkbox"/> mangrove <input type="checkbox"/> rock Animal Location: <input type="checkbox"/> on the beach <input type="checkbox"/> in the water <input type="checkbox"/> direct sunlight <input type="checkbox"/> under shade
<b>C. OCCURRENCE DETAILS</b> <input type="checkbox"/> single stranding <input type="checkbox"/> cow and calf  <input type="checkbox"/> mass stranding how many? _____	<b>D. STRANDING RESULT OF HUMAN ACTIVITY?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not determined <i>If yes, check one or more</i> <input type="checkbox"/> boat collision <input type="checkbox"/> shot <input type="checkbox"/> fishery interaction Other: _____
<b>E. CONDITION UPON EXAM BY STRANDING TEAM</b> Time of arrival of stranding team: _____ <input type="checkbox"/> alive <input type="checkbox"/> fresh dead <input type="checkbox"/> moderate decomposition <input type="checkbox"/> advance decomposition <input type="checkbox"/> mummified/skelatal	
Comments: _____	
<b>F. MORPHOLOGICAL DATA</b> Sex: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unknown Age Class: <input type="checkbox"/> adult <input type="checkbox"/> subadult <input type="checkbox"/> calf <input type="checkbox"/> unknown  Straight Length (meters): _____ <input type="checkbox"/> actual <input type="checkbox"/> estimated Weight (kilograms): _____ <input type="checkbox"/> actual <input type="checkbox"/> estimated  Photos or videos taken <input type="checkbox"/> yes <input type="checkbox"/> no Who has the photos/videos? _____	<b>G. ANIMAL DISPOSITION</b> <input type="checkbox"/> left at site <input type="checkbox"/> transferred for rehabilitation <input type="checkbox"/> release at site Date: _____ <input type="checkbox"/> relocated and released Facility: _____ <input type="checkbox"/> disentangled and released <input type="checkbox"/> Other: _____ <input type="checkbox"/> died <input type="checkbox"/> euthanized  <b>Assessment of the animal (check one or more)</b> <input type="checkbox"/> sick <input type="checkbox"/> abandoned/orphaned <input type="checkbox"/> injured <input type="checkbox"/> unknown <input type="checkbox"/> deemed healthy <input type="checkbox"/> Other: _____
<b>H. STATUS OF CARCASS</b> <input type="checkbox"/> left at site <input type="checkbox"/> buried Location: _____ <input type="checkbox"/> towed/sunk Location: _____ <input type="checkbox"/> frozen Location: _____ <input type="checkbox"/> educational/scientific collection Other: _____	<b>I. NECROPSY DONE?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes...</i> Date: _____ Place: _____ Necropsied by: _____  Tissue samples collected? <input type="checkbox"/> yes <input type="checkbox"/> no Where are the samples stored: _____