

Figure 9-8: Live Animal Capture Form (two pages; full-page version available on the ADEC [Area Plan References and Tools webpage](#)).

LIVE Animal Capture Form Form stays with Animal	Wildlife Captured BIRD <input type="checkbox"/> Species: _____ SEA OTTER <input type="checkbox"/> OTHER <input type="checkbox"/> : _____		Incident Name: _____	INV (OLE Use Only): _____
			Animal Number: _____ Rehab Facility Use Only	

CAPTURE TEAM INFORMATION			
Transportation Name or Call Sign: _____ <small>Type: BOAT <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> VEHICLE <input type="checkbox"/></small>	ICS Position Group, Task Force, Strike Team: _____	Data Recorder Name & Employer (Phone & Email, if there is no ICS position): _____	
Lead Animal Handler Name & Employer (Phone & Email, if there is no ICS position): _____		Assistant Animal Handler Name & Employer: _____	

CAPTURE INFORMATION			
Date: MM/DD/YYYY	Time: _____ AM PM	Location Name: _____ Latitude: _____ Longitude: _____	GPS Datum: WGS84 <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27 <input type="checkbox"/> Other: _____
Animal Location PRIOR to Capture: ON LAND <input type="checkbox"/> IN WATER <input type="checkbox"/>		Animal Behavior PRIOR to Capture: SWIMMING <input type="checkbox"/> ; RUNNING <input type="checkbox"/> ; FLYING <input type="checkbox"/> ; STILL/LETHARGIC <input type="checkbox"/> ; FEEDING <input type="checkbox"/> ; PREENING/GROOMING <input type="checkbox"/> ; WITH PUP/CHICK <input type="checkbox"/> ; OTHER <input type="checkbox"/> Explain: _____	
Capture Method: DIP NET <input type="checkbox"/> TANGLE NET <input type="checkbox"/> MIST NET <input type="checkbox"/> OTHER <input type="checkbox"/> Explain: _____		Reason for Capture: OILED <input type="checkbox"/> % <input type="checkbox"/> ; INJURED <input type="checkbox"/> ; LONE PUP/CHICK <input type="checkbox"/> ; PRE-EMPTIVE <input type="checkbox"/> OTHER <input type="checkbox"/> Explain: _____	Pursuit Duration Minutes: _____
Animal Reference Number: _____	Notes: _____		

ANIMAL DESCRIPTION		
Age: ADULT <input type="checkbox"/> PUP/CHICK <input type="checkbox"/> MOM & PUP/CHICK <input type="checkbox"/>	Sex: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNK <input type="checkbox"/>	Disposition AFTER Capture: TRANSFERRED <input type="checkbox"/> DIED <input type="checkbox"/> ESCAPED <input type="checkbox"/> EUTHANIZED <input type="checkbox"/> ; RELEASED <input type="checkbox"/> <small>If released or euthanized explain in notes below.</small>
Animal Behavior AFTER Capture: STILL/LETHARGIC <input type="checkbox"/> ; ALERT/ACTIVE <input type="checkbox"/> ; AGGRESSIVE <input type="checkbox"/> ; GROOMING/PREENING <input type="checkbox"/> ; OTHER <input type="checkbox"/> Explain: _____		
Animal Care Provided in Field: _____		Notes: _____

ANIMAL TRANSFER – FIELD CHAIN OF CUSTODY			
Date: MM/DD/YYYY	Time: _____ AM PM	Animal Behavior AT TIME OF TRANSFER: STILL/LETHARGIC <input type="checkbox"/> ; ALERT/ACTIVE <input type="checkbox"/> ; AGGRESSIVE <input type="checkbox"/> ; GROOMING/PREENING <input type="checkbox"/> ; DEAD <input type="checkbox"/> ; EUTHANIZED <input type="checkbox"/> ; OTHER <input type="checkbox"/> Explain: _____	
Transfer to: BOAT <input type="checkbox"/> HELO <input type="checkbox"/> VEHICLE <input type="checkbox"/> STABILIZATION <input type="checkbox"/> REHAB <input type="checkbox"/> MORGUE <input type="checkbox"/>		Captor's Printed Name: _____	Signature: _____
Receiver's Printed Name: _____		Signature: _____	Affiliation: _____

Date: MM/DD/YYYY	Time: _____ AM PM	Animal Behavior AT TIME OF TRANSFER: STILL/LETHARGIC <input type="checkbox"/> ; ALERT/ACTIVE <input type="checkbox"/> ; AGGRESSIVE <input type="checkbox"/> ; GROOMING/PREENING <input type="checkbox"/> ; DEAD <input type="checkbox"/> ; EUTHANIZED <input type="checkbox"/> ; OTHER <input type="checkbox"/> Explain: _____	
Transfer to: BOAT <input type="checkbox"/> HELO <input type="checkbox"/> VEHICLE <input type="checkbox"/> STABILIZATION <input type="checkbox"/> REHAB <input type="checkbox"/> MORGUE <input type="checkbox"/>		Transferor's Printed Name: _____	Signature: _____
Receiver's Printed Name: _____		Signature: _____	Affiliation: _____

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Incident Name: _____

Animal Reference Number: _____

ANIMAL TRANSFER – FIELD CHAIN OF CUSTODY CONTINUED			
Date: MM/DD/YYYY	Time: AM PM	Animal Behavior AT TIME OF TRANSFER: STILL/LETHARGIC <input type="checkbox"/> ; ALERT/ACTIVE <input type="checkbox"/> ; AGGRESSIVE <input type="checkbox"/> ; GROOMING/PREENING <input type="checkbox"/> ; DEAD <input type="checkbox"/> ; EUTHANIZED <input type="checkbox"/> ; OTHER <input type="checkbox"/> Explain:	
Transfer to: BOAT <input type="checkbox"/> HELO <input type="checkbox"/> VEHICLE <input type="checkbox"/> STABILIZATION <input type="checkbox"/> REHAB <input type="checkbox"/> MORGUE <input type="checkbox"/>		Transferor's Printed Name: /	Signature:
Receiver's Printed Name: /		Signature: /	Affiliation:
Date: MM/DD/YYYY	Time: AM PM	Animal Behavior AT TIME OF TRANSFER: STILL/LETHARGIC <input type="checkbox"/> ; ALERT/ACTIVE <input type="checkbox"/> ; AGGRESSIVE <input type="checkbox"/> ; GROOMING/PREENING <input type="checkbox"/> ; DEAD <input type="checkbox"/> ; EUTHANIZED <input type="checkbox"/> ; OTHER <input type="checkbox"/> Explain:	
Transfer to: BOAT <input type="checkbox"/> HELO <input type="checkbox"/> VEHICLE <input type="checkbox"/> STABILIZATION <input type="checkbox"/> REHAB <input type="checkbox"/> MORGUE <input type="checkbox"/>		Transferor's Printed Name: /	Signature:
Receiver's Printed Name: /		Signature: /	Affiliation:
Date: MM/DD/YYYY	Time: AM PM	Animal Behavior AT TIME OF TRANSFER: STILL/LETHARGIC <input type="checkbox"/> ; ALERT/ACTIVE <input type="checkbox"/> ; AGGRESSIVE <input type="checkbox"/> ; GROOMING/PREENING <input type="checkbox"/> ; DEAD <input type="checkbox"/> ; EUTHANIZED <input type="checkbox"/> ; OTHER <input type="checkbox"/> Explain:	
Transfer to: BOAT <input type="checkbox"/> HELO <input type="checkbox"/> VEHICLE <input type="checkbox"/> STABILIZATION <input type="checkbox"/> REHAB <input type="checkbox"/> MORGUE <input type="checkbox"/>		Transferor's Printed Name: /	Signature:
Receiver's Printed Name: /		Signature: /	Affiliation:

INSTRUCTIONS: LIVE Animal Capture Form

Species Captured?: Check one. If OTHER, record the species/species group.		Incident Name: Incident-specific assigned number or incident assigned name.	
CAPTURE TEAM INFORMATION			
Transportation Name or Call Sign: Record boat/vehicle/aircraft name or identifying number. Transport Type: Check one.		ICS Position: ICS position of the capture boat/vehicle/aircraft. Indicate all areas of assignment. (Ex: Wildlife, Task Force 1, Strike Team 1 or WL TF1, ST1).	
Data Recorder: Record information for person filling out this form.	Lead Animal Handler: Record information for person who is the Lead Animal Handler (person with the most training and/or experience).		Assistant Animal Handler: Record information for person assisting the Lead Animal Handler.
CAPTURE INFORMATION			
Date: Date of Capture	Time: Time of Capture. Circle AM or PM.	Location Name: Place name where the otter was caught (Ex: Growler Bay) LAT/LONG: GPS point for the capture location. Decimal Degree format preferred.	GPS Datum: Check one (found in GPS settings). WGS84 preferred.
Animal Location Prior to Capture: Check one.		Animal Behavior Prior to Capture: Check one or more as appropriate. If OTHER, explain.	
Capture Method: Check one. If OTHER, explain.	Reason for Capture: Check one. If oiled, estimate percentage of external oiling. If OTHER, explain (i.e., if injured, describe the injury).		Pursuit Duration: Amount of time (in minutes) from beginning of stalk until the animal is safely in a pet carrier.
Animal Reference Number: Sequential number assigned by the capture boat/vehicle/aircraft to each animal. Typically, the first three letters of the boat/vehicle/vessel name followed by sequential numbers (Ex: KIT 001, KIT 002, etc.)			Notes/ Explain Sections: Add information as deemed necessary and appropriate.
ANIMAL DESCRIPTION			
Age and Sex: Record, if known.		Disposition After Capture: Check as appropriate. If the animal was released, explain why in the notes section.	
Animal Behavior After Capture: Check one or more as appropriate. If OTHER, explain.		Animal Care Provided in Field: Briefly describe any care or treatment administered in the field or during transit.	Notes/ Explain Sections: Add information as deemed necessary and appropriate.
ANIMAL TRANSFER – FIELD CHAIN OF CUSTODY			
Date: Date of Transfer	Time: Time of Transfer Circle AM or PM.	Animal Behavior at Time of Transfer: Check one or more as appropriate. If OTHER, explain.	Transfer to: Check one. Note: "STABILIZATION" and "REHAB" transfers may occur at pre-designated drop-off locations.
Captor's/Transferor's Name/Signature: Print and sign name.		Receiver's Name/Signature/Affiliation: Print and sign name. Provide affiliation or transportation name.	

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