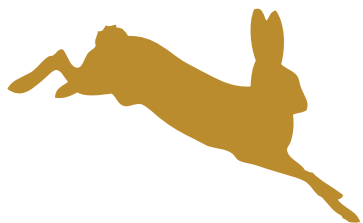


Mammals



Active individuals

One or more individuals are seen moving about or at rest.
For abundance, enter the number of individual animals observed in this phenophase.

Feeding

One or more individuals are seen feeding. If possible, record the name of the species or substance being eaten or describe it in the comments field.
For abundance, enter the number of individual animals observed in this phenophase.

Young individuals

One or more recently born or young individuals are seen, living or dead, including those individuals found dead on a road.
Intensity options for this phenophase:
For abundance, enter the number of individual animals observed in this phenophase.

Dead individuals

One or more dead individuals are seen, including those found on roads.
For abundance, enter the number of individual animals observed in this phenophase.

Please see the species profile page for complete information about the phenophases for each species.

Mammals

Animal Phenophase Datasheet

Directions: Fill in the date in the top row and circle the appropriate letter in the column below.

y (phenophase is occurring);

n (phenophase is not occurring);

? (not certain if the phenophase is occurring).

Do not circle anything if you did not check for the phenophase. In the adjacent blank, write in the appropriate measure of intensity or abundance for this phenophase (see left-hand column for details).



Species: _____

Site: _____

Year: _____

Observer: _____

| Do you see...? | Date: | Date: | Date: | Date: | Date: | Date: |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Active individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Feeding | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Young individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Dead individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Check when data entered online: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | |

| Do you see...? | Date: | Date: | Date: | Date: | Date: | Date: |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Active individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Feeding | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Young individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Dead individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Check when data entered online: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | |

| Do you see...? | Date: | Date: | Date: | Date: | Date: | Date: |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Active individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Feeding | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Young individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Dead individuals | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ | y n ? _____ |
| Check when data entered online: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | | | | | |