

EASTERN COYOTE SIGHTING / MORTALITY REPORT FORM

Mail To: Division of Fish & Wildlife
Northern District Office
26 Rt. 173 West
Hampton, NJ 08827
FAX: (908) 735-5689
E-mail: Joseph.Garris@dep.nj.gov

Or Division of Fish & Wildlife
Nacote Creek Research Station
PO Box 418
Port Republic, NJ 08241-0418
(609) 748-2057
Andrew.Burnett@dep.nj.gov

Reported By: Name: _____
Address: _____
Phone: _____

Reported To: Name: _____
Address: _____
Phone: _____

Report Date: Month: _____ Day: _____ Year: _____

Specific Location: _____

Township: _____ **County:** _____

Wildlife Mgt. Unit
FOR DIVISION USE

SIGHTINGS

Date: _____ **Time:** _____ **AM** **PM**
Month Day Year

Was coyote(s) observed? YES NO

Was coyote(s) only heard? YES NO

Number of coyotes: _____

Description of Animal(s)

Was this an adult? YES NO **Estimated weight:** _____

Hair color: _____

Hair loss observed? YES NO

Other (describe) _____

Behavior (what was coyote doing)? _____

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MORTALITIES

Date: _____ **Time:** _____ **AM** **PM**
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Cause of Mortality (Check one)	
Vehicle kill	Destroyed due to disease
Legal trapping	Destroyed due to damage complaint
Legal hunting	Unknown / Other

Was the coyote recovered? **YES** **NO**

Description of Animal (Please provide available information for recovered specimens)

Sex (if known) **Male** **Female**

Weight (pounds) _____ **Estimated** **Actual**

Hair color _____

Hair loss **YES** **NO**

Other Information: _____