

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
Email: Joseph.Garris@dep.nj.gov

Or Division of Fish & Wildlife
Nacote Creek Research Station
PO Box 418
Port Republic, NJ 08241-0418
(609) 748-2051
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 (Circle)

Was coyote(s) observed? YES NO (Circle)

Was coyote(s) only heard? YES NO (Circle)

Number of coyotes: _____

Description of Animal(s)

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

Hair color: _____

Hair loss observed? YES NO (Circle)

Other (describe) _____

Behavior (what was coyote doing)? _____

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
Email: Joseph.Garris@dep.nj.gov

Or Division of Fish & Wildlife
Nacote Creek Research Station
PO Box 418
Port Republic, NJ 08241-0418
(609) 748-2051
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	
--	--

MORTALITIES

Date: _____ **Time:** _____ **AM** **PM**
Month Day Year (Circle)

Cause of Mortality (Check one) **Recovered?** **YES** **NO** (Circle)

Vehicle kill	_____
Legal trapping	_____
Legal hunting	_____
Destroyed due to disease	_____
Destroyed due to damage complaint	_____
Unknown	_____
Other	_____

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

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

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

Hair color _____

Hair loss **YES** **NO** (Circle)

Other Information: _____