



Fauna Report Form

Database No: _____

SPECIES/ANIMAL NAME: _____	NUMBER SEEN: _____
OBSERVATION DATE: _____	TIME: _____ am/pm
OBSERVER NAME/S: _____	
Organisation and Role OR member of public: _____	
EMAIL: _____	PHONE: _____

OBSERVATION LOCATION: (e.g. property address, street and suburb, distance to nearest intersection, coordinates etc.)

HABITAT INFORMATION: (Was the animal seen in a garden, forest, wetland, farmland etc? Was it sitting in or eating a particular plant?)

CERTAINTY OF ANIMAL IDENTIFICATION: Certain <input type="checkbox"/> Moderately certain <input type="checkbox"/> Not sure <input type="checkbox"/> Photo <input type="checkbox"/>	DESCRIPTION OF ANIMAL: (required to confirm identification OR attach photo) (include information about size, colour, number of animals, age (adult/juvenile) and sex (male/female) of animal etc.)
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OBSERVATION: (what was the animal doing? Select any of the boxes below that apply)

METHOD: Opportunistic Sighting <input type="checkbox"/> Historical (Written) <input type="checkbox"/> Survey <input type="checkbox"/> Historical (Oral) <input type="checkbox"/>	TYPE: Dawn sighting <input type="checkbox"/> Dead (fresh) <input type="checkbox"/> Caught/Trapped <input type="checkbox"/> Day sighting <input type="checkbox"/> Dead (degenerated) <input type="checkbox"/> Taken into care <input type="checkbox"/> Dusk sighting <input type="checkbox"/> Spotlighting <input type="checkbox"/> Released <input type="checkbox"/> Night sighting <input type="checkbox"/> Remote camera <input type="checkbox"/> Other (specify): _____
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OTHER SIGNS:

Heard <input type="checkbox"/>	Nest/Mound <input type="checkbox"/>	Feathers/Hair/Fur/Skin <input type="checkbox"/>	Feeding residue <input type="checkbox"/>
Scats <input type="checkbox"/>	Natural Hollow <input type="checkbox"/>	Bones <input type="checkbox"/>	Fauna run <input type="checkbox"/>
Tracks <input type="checkbox"/>	Artificial Hollow <input type="checkbox"/>	Eggs/eggshell <input type="checkbox"/>	Other (specify): _____
Diggings <input type="checkbox"/>	Burrow <input type="checkbox"/>	Shell <input type="checkbox"/>	

IF DEAD, CAUSE OF DEATH:

Roadkill <input type="checkbox"/>	Found drowned <input type="checkbox"/>	Predation by native animal <input type="checkbox"/>	Unknown <input type="checkbox"/>
Found shot <input type="checkbox"/>	Stranded on beach <input type="checkbox"/>	Predation by cat/fox/dog <input type="checkbox"/>	Other (specify): _____
Found poisoned <input type="checkbox"/>	Annual die off <input type="checkbox"/>	Starvation/malnutrition <input type="checkbox"/>	

OTHER COMMENTS:

Submitter of record: _____	Organisation and Role: _____
Contact Details: _____	Date Submitted: _____