

Big Cat Sighting Survey

Fill out what pertains to your sighting, one for each cat seen,
Please realize that not all answers pertain to all sightings. Leave blank if unknown.

Date seen _____ (Month, Day, Year) **Time** _____

If old sighting, give approximate year & month or season.

Place seen _____ (Location, City, State)

Place seen _____ (GPS Location)

Place Description

Backyard Den Field Forest Gravel Pit Hill Ledge Road Rocks Shrubs

Trail Near Water Describe further details: _____

Weather _____

Color & Markings _____

Size _____ Length of Body _____ Length of Tail _____ Head Shape

_____ Head Size _____ Ear Shape _____ Eyes _____ Leg Height

_____ Shoulder height _____ Weight (Approximation OK)

Other description _____

Estimated Age

_____ Kitten _____ Half grown _____ Adolescent _____ Adult _____ Very Old

Sex

_____ Female _____ Pregnant Female _____ Male _____ Unknown

Health

_____ Healthy _____ Emaciated _____ Hurt _____ Pregnant _____ Sick

Other: _____

Activities

_____ Drinking _____ Eating _____ Killing _____ Playing _____ Running

_____ Sleeping _____ Stalking _____ Sunning _____ Trotting _____ Walking

Other: _____

Sounds

_____ Caterwauling _____ Chirping _____ Growl _____ Purr _____ Scream

Time Seen _____ : _____ AM PM **Distance** _____

Glance 1 minute or less 2-5 minutes 5-15 minutes Other _____

Behavior: (chasing deer, in water, running, sitting up on haunches, sunning on rock)

Evidence – Do you have any evidence below for research purposes? Yes No

Video – Is a copy available for research purposes? Yes No

Photo – Is a copy available for research purposes? Yes No

Tracks Cast Photo Video Visual Only

Size (Width) _____ Height _____

Stride Comments & Measurements _____

Hair Sample Yes No

Kill Photo Video Visual Only Animal killed _____

Bones _____ Teeth Marks _____

Characteristics of the kill (Where were claw, teeth marks, covered, dragged, etc.) _____

Scat (Bowel Movement) Bagged Photo Video Visual Only

Describe (Diameter, Length, Number, Covered, Uncovered, etc.) _____

Please use extra paper if necessary.

Contact: E-mail _____

Name _____ Phone _____

Mail survey to: Linda McCracken
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