



Newfoundland and Labrador Volunteer Butterfly Survey Form

(use one form/site/visit)

Observer/Contact Information

Name: _____

Address: _____

Email: _____

Phone: _____

Survey info:

Date: _____

Duration/ time: _____ (# of hours)

Location: _____
_____ NF or LB

Lat/Long, UTM: _____

Projection _____ Accuracy _____

Size of sample site _____ m²

Location Directional Information:

(anything that will help us narrow down a specific site)

Site Name:

Weather:

Cloud cover (1-10): ____/10

Precipitation: _____

Wind conditions (0-6): _____

Temperature: _____ °C/°F

Recent weather events: _____

Vegetation (circle most appropriate descriptors):

a) Open field Bog Barrens Recently cleared Forest
Regenerating forest (Young Trees) Grasses Shrubs Mature Trees
Open canopy Occasional trees Closed canopy Edge

Additional Description: _____

b) Number of Layers Understory: _____ Canopy: _____

c) Species present: _____

Number of Butterfly at the Site (collected specimen strongly recommended):

Species (if known)	Larva /pupa	Adult	Density*	Collected Specimen ID	Comments (behavior)
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	
			___ m ²	S___-20__-___	

*estimated size of area(m²) needed to see one adult at this site (1 adult/___m²)

Other relevant information:

Please send packaged and protected specimens to:

Newfoundland and Labrador Butterfly Survey
 Wildlife Division,
 Department of Environment and Conservation
 Box 2007
 Corner Brook, Newfoundland A2H 7S1
 Attn: **Bruce Rodrigues**
 (Label as) **Fragile**

Please send the completed forms to:

Via mail: same address as above.
 --or--
 Fax: 709 637 2080 / Attn: **Bruce Rodrigues**
 --or--
 Email: BruceRodrigues@gov.nl.ca