



# Wolverine Sightings

For Internal Use Only

ID# \_\_\_\_\_

Return to: Wildlife Division, 117 Riverside Drive, P.O. Box 2007,  
Corner Brook, NL, A2H 7S1  
Ph: (709) 637-2026, Fax (709) 637-2080



## Observer Information




Name: _____	Telephone: (    ) _____
Address: _____ _____ _____	E-mail: _____
	Other Observers: _____

## General Sighting Information

Date Sighted: _____	Time of Day: _____	Weather: _____	Visibility (Fog, Snow)? _____
Specific Location (As much detail as possible, such as GPS location, nearby roads, buildings, ponds, etc): _____ _____ _____			

Length of Time Observed (minutes): _____	Distance From Animal (m): _____
View: Front <input type="checkbox"/> Hind <input type="checkbox"/> Side <input type="checkbox"/> All of the Above <input type="checkbox"/>	Photo of Animal? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Description of Track and Gait

<u>Footprint (Select one if Appropriate)</u> *Photos not to scale; Click on picture to enlarge <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/>  </div> <div style="text-align: center;"> <input type="checkbox"/>  </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <input type="checkbox"/>  </div> <div style="text-align: center;"> <input type="checkbox"/> Other (please sketch)         </div> </div>		<u>Snow Conditions (if appropriate)</u> <input type="checkbox"/> Soft, Deep <input type="checkbox"/> Hard-Packed <input type="checkbox"/> Deep with Crust <input type="checkbox"/> Other Surface: _____  <u>Additional Comments</u> (i.e. claws visible, tracks sinking into snow, track condition good or degraded, tracks in straight line v.s. many changes in direction, etc): _____ _____ _____ _____
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## Animal Description

Body: Length: _____ Height: _____	Color: _____ Markings: _____
Tail? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Give Description (Length compared to body): _____	
Ear Shape: Rounded <input type="checkbox"/> Pointed <input type="checkbox"/> Other: _____	Did you Collect Anything? (i.e. hair, urine, scat) _____
What Was the Animal Doing? (i.e. walking, feeding, swimming, etc.): _____ _____ _____	

For more information, visit: <http://www.env.gov.nl.ca/env/wildlife/wildatrisk/Wolverine.pdf>