

Please scan and email this form, or mail it to us, thank you!

Wild Dolphin Project

Dolphin Sighting Form

www.wilddolphinproject.org

info@wilddolphinproject.org

P.O. Box 8436 Jupiter, FL 33468

Date: ____/____/____
DD MM YY

Begin Time: _____
Circle: am or pm?

End Time: _____
am or pm?

Species:

Group size estimate: _____ Number of calves: _____

Location description:

Latitude: _____

Longitude: _____

Comments & Observations:

Bottom Substrate: Rock Rubble Coral Sand Silt/Mud Seagrass Unknown
(Circle Best Appropriate)

Water depth (if known): _____

Wave height: _____

Beaufort Sea State (if known): _____

% Cloud Cover: _____

Vessel Name: _____

Observer Names: _____

Observer Contact Information**

Email: _____

Phone: _____

**In order to gain as much information as possible from each sighting, WDP would appreciate copies of your video and photographs if you are able to send them.