

BIODIVERSITY CENTRE for WILDLIFE STUDIES

**BC Wildlife Records Committee
Rare Wildlife Report Form**

Contact information for person completing this form:

Name: _____
Address: _____

Phone: _____
e-mail: _____

Please mail to:
BCFWS, Wildlife Records Committee
P.O. Box 55053, 3825 Cadboro Bay Road
Victoria, British Columbia, V8N 6L8
or fax to: 250-477-0465 or e-mail to: editor@wildlifebc.org

Please complete as much of the following:

Species in question: _____

Observer: _____

Other observers: _____

Date of observation: _____

Number of individuals: _____ Age/Sex: _____

Exact location of observation: _____

Time of observation: _____ to _____

Optical equipment used: _____

Distance to animal: _____

Weather and lighting conditions: _____

Photographed? Yes No If yes, please attach photo(s)
with submission as a print or electronic file.

Experience with species: _____

Comparison species: _____

Was a field guide used at time of observation? Yes No
If yes, how do you think it influenced your decision

Describe the habitat: _____

Describe behaviour: _____

Describe any animal sounds: _____

Describe how similar species were eliminated: _____

Use the space below (or the back of this form) to write or draw
any additional information that might be helpful in evaluating
this record. Avoid the use of additional references until you are
done.

BCFWS Office Use Only

BC Photo #: _____

Reviewer 1: _____ Accept Record: Yes No

Reviewer 2: _____ Accept Record: Yes No

Reviewer 3: _____ Accept Record: Yes No

Reviewer 4: _____ Accept Record: Yes No

