WYOMING GAME AND FISH DEPARTMENT GRAY WOLF MORTALITY FORM

(For use by USDA-Wildlife Services and Predator Management Districts Only)

Shaded Fields are Required by Regulation-Information Must be Reported within 10 Days

Name of person taking wolf:	Phone number:
Affiliation/Agency and Address:	
Date killed or found:; Predator Area (Y/N);: Wolf	Trophy Game Management Area (Y/ <u>N</u>
N): If in Wolf Trophy Game Management Area, what Wolf Hunt Area, if known:	;
Mortality type: Damage control for current damage x ; Preemptive	; Natural Death; Unknown/Other
ReffNatalral Death " or "Unknown/Other" probable cause of mortality or circumstance	es:
METHODS / EFFORT: Method of take (check all that apply): Firearm; T	rap; Snare; Ground;
Airplane; Helicopter; Unknown; Other (specify):	
Number and color of wolves observed including one killed: Adults: Black; G	Gray ; White ; Tan ; Blue .
Pups: Black; 0	Gray; White; Tan; Blue
LOCATION / DRAINAGE: Where was wolf killed or found: <u>Gooseberry Cree</u>	<u>k;</u>
UTM Zone: UTM Easting/Lat: UTM Northing/Long:	Use NAD 83 or NAD;
or Section:Township:Range: Pack affiliation:	
MORPHOLOGICAL INFO: Sex:; If female, lactating (Y/N); If not, has she lactated in the past (Y/N):;	
Age Class (✓one): Adult: Sub-adult (1-2); Juv. (<1YOA)	Est. age: ; Specific age if;
Canine condition: No visible wear; Slight wear; Moderate wear <u>xknow</u> n: ; Hea <u>vy we</u> ar ;	
Tissue sample collected and submitted with mortality form (Y/N):; Tissue sample envelope #(s):,	
Pelage color: Gray Black WhiteTanBlue; Pelt condition/ remarks:	
Telemetry collar present (Y/N)::Frequency:; Collar number:; Wolf ID:	
Remarks (include body condition, scars, missing toes, diseases, mange present, etc):	

DISTRIBUTION: Send completed form and genetic sample (if possible) to Ken Mills, Wyoming Game and Fish Department, PO Box 850/432 E Mill St., Pinedale, WY 82941; Fax: 307-367-4403. Contact Ken Mills (Wyoming Game and Fish Wolf Biologist) with any questions as follows; Cell phone: 307-231-5440; Office phone: 307-367-4353 Ext.250; kenneth.mills@wyo.gov

For Wyoming Game and Fish Dept. Personnel Only:	
Date reported to WGFD: Reported by:	
(Name and affiliation)	
Reported to:	
(Name of WGFD employee)	
Date entered into WOS/initials:	
Date Bio Services called/initials:	

