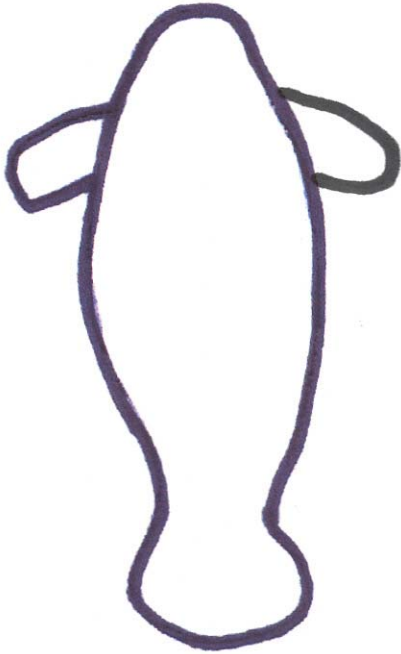


SCAR SHEET



Volunteer Name: _____

Date of Sighting: _____

Location of Sighting: _____

White Scars: Yes No (please indicate on sketch)

Healed/Gray Scars: Yes No (please indicate on sketch)

Cuts: Yes No (please indicate on sketch)

Flipper Damage: Yes No (please indicate on sketch)

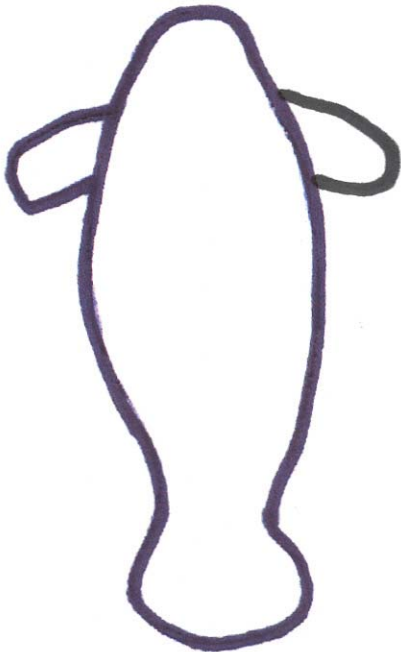
Tail Damage: Yes No (please indicate on sketch)

For office use only:

I.D. No. _____ Name: _____

Year first I.D.'d: _____

Size: _____ Sex: _____



Volunteer Name: _____

Date of Sighting: _____

Location of Sighting: _____

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