



MANATEE SIGHTING REPORT

Date of Report: ____/____/____ Date of Manatee Sighting: ____/____/____ Time: ____:____ am/pm

Dead: _____ Injured _____ Sighting _____

Manatee seen and reported by: _____

Phone Number: _____

Address: _____

E-Mail: _____

Location Information:

County: _____

Latitude: _____

City: _____

Longitude: _____

Waterbody: _____

Map attached? Yes / No

Number of Manatees seen: (calves are ½ the length of adults)

Adults: _____ Calves: _____

Describe the Manatee: (approximate size, distinguishing characteristics, such as scars or injuries)

Describe the Manatee Behavior: (feeding, resting, mating, traveling, nursing, etc.)

If this animal is tagged, describe tag including colors or numbers noted:

Photographs taken: Yes / No

(If photographs are taken, please email them to ManateeWatch@volusia.org)

Total Hours: _____ Mileage Used: _____

If this report is for a tagged manatee, please call:

Florida Fish and Wildlife Research Institute: 1-888-404-3922

In the case of an orphaned, harassed, injured or dead manatee, please call:

FWCC Hotline: 1-888-404-3922

Mail, fax, or email this report to:

Debbie Wright, County of Volusia, Environmental Management, 123 West Indiana Ave, Room 202

Fax: 386-710-5193 / ManateeWatch@volusia.org / www.volusiamanatees.org