



Lynx observation

Send form to:

Running ID _____

Observer

Name, First name: _____ Phone: _____

Address, Zip code, City, Country _____

Email: _____

Personal Information: game warden hunter network member other _____

Who else has made the observation? _____

Form filled out by: observer other person: _____

Date and locality of observation

Date: _____ Coordinates X: _____ / Y _____ Altitude _____ m

Locality: _____

Community: _____ District: _____

Description of the observation location: _____

(forest, clearing, distance to forest, to town, etc.)

Lynx observed

Number: _____ Time: observed from _____ to _____ at a distance of: _____ m

Observation by: eye binoculars telescope

Weather and observation conditions: _____

Lynx tracks found

single footprint track scat hairs other: _____

Underground (snow, soft ground, mud, etc.): _____

If track followed, please note details at the end of the form

Lynx prey found

Species: _____ male female age (if possible): _____

What happened to the kill (left on the spot, taken away, etc.)?

Special form filled out

Lynx mortality discovered

male female age (juvenile, subadult, adult): _____ special form filled out

Description of the observation and further remarks:

Locality and date: _____ Signature: _____

Did you do or collect any of the following things?:

- Photos Photos on CD Video Drawings Hairs Scat
 Plaster cast of a footprint Collect carcass

Annex:

- Photos CD Drawings Video

others: _____