

ECHIDNA WATCH SURVEY FORM

Observer 's Name: _____

Observer 's Address: _____

Observer 's Email Address: _____

I saw an Echidna : Alive / Dead (one sighting per form, please circle)

I was:

in a vehicle

on foot

on a bike

other: _____

Date: Day: _____ Month _____ Year _____

Time of day: Hour _____ Minute _____ am/pm (please circle)

Closest Town/Landmark: _____

State: _____ Postcode: _____ Country: _____

If more than one, how many were together? _____

Size, color: _____

What was it (were they) doing: _____

If not alive, death by: road kill predator natural unknown

Additional comments:

I Frequently See (or Saw) Echidnas!

From Date: Day: _____ Month _____ Year _____

To Date: Day: _____ Month _____ Year _____

I saw echidnas roughly _____ times per week / _____ times per month / times per year _____

In addition, I saw dead echidnas in that period. yes no

Closest Town/Landmark: _____

State: _____ Postcode: _____ Country: _____

Additional comments:

Are you prepared to make regular observations in your area? yes no

Please return forms to:

ECHIDNA CARE INC,

Post Office Penneshaw,

Kangaroo Island,

SA 5222

AUSTRALIA