KENT MAMMAL GROUP

Small Mammal Trapping Recording Form

Information must be given under headings in **bold**; other information is optional but useful.
Please complete in **black** ink.

Grid Ref: T _ _ _ _ _ _ _ _ **Site Name**: **Landowner name & contact no:**	**Name:** **Tel:** **Address:** email:
Date (dd.mm.yy**) :** **Day of session (circle):** 1 2 3 am/pm **Traps (circle):** Longworth Wellfield Sherman **No of each trap**: ____ ____ ____	**Habitats**:(e.g. traps 1-10 =hazel coppice, 11-20=conifer plantation)

Weather since last trap round (Please circle): **Temperature**: warm/mild/cold/below zero

Precipitation: dry/drizzle/rain **Wind**: still/breezy/gusty **Sky**: clear/ cloudy

Trap no.	**Species**	Sex M/F	Weight(g) (optional)	Reproductive condition (optional)	Comments

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Please return completed form to: Hazel Ryan hazel@wildwoodtrust.org Tel: 01227 711900

Kent Mammal Group
c/o Wildwood Trust
Herne Common
Herne Bay
Kent. CT6 7LQ

Fax: 01227 719035