

Preble's Meadow Jumping Mouse, *Zapus hudsonius preblei*

2004 Survey Field Data Compilation Form

TRAPPING SURVEY EVALUATED, NOT TRAPPED

Fill out both sections 1 and 2 if trapping survey, fill out section 1 only if habitat evaluation (ie. not trapped). Compilation forms needed for updated habitat evaluations and site disqualification requests.

SECTION 1

Surveyor:

Date of Site/Habitat Assessment _____

Organization/Company _____

Full Name(s) _____

Location:

Project Name (if applicable) _____

Project Description (nearby road intersection, type of impact, etc.) _____

U.S.G.S. Quad Name _____ County _____ Elevation _____

Township(s) _____ Range(s) _____ Section(s) _____

1/4 Section(s) _____

UTM Coordinates, Zone 13 Northing _____ Easting _____

UTM Coordinate Datum NAD27 NAD83

Directions to Location _____

Land Ownership _____

Habitat:

General Habitat Description _____

Dominant Overstory Plant Community _____

Dominant Understory Plant Community _____

Current Land Use _____

Drainage Name: _____ Type: Perennial Stream _____

Ephemeral Stream _____ Pond/Lake _____ Ditch _____ Other _____

SECTION 2:

Z. h. preblei found? Yes No Dates of Survey _____

Trapping Information:

Type of Traps _____ Type of Bait _____

% Available (unsprung) _____ Number of Nights Trapped _____

Total Trapnights _____

Weather conditions prior to and during survey _____

Associated Animal Species (especially urban predators, rats, house mice)

Sketch of surveyed area showing traplines, specific area disqualified (can be done on required U.S.G.S. map of site if appropriate).

Preble's Data:

Number of Preble's trapped or seen _____

Distance from water (m) Sex (m/f) Evidence of repro.* Weight (grams). Marked or tagged?

- 1.
- 2.
- 3.
- 4.

(Continue on separate sheet if needed)

* Reproduction evidence for males is descended testes, for females is enlarged nipples.

Evidence of disease, predation or injury _____

(Submit injury/mortality form if appropriate)

Genetic Material Obtained? Yes _____ No _____ Forwarded to _____

Specimen(s)? Yes _____ No _____ Forwarded to _____

Additional Comments:

(SUBMIT THIS FORM WITH THE SURVEY REPORT WHEN APPROPRIATE)
Zapus hudsonius preblei Injury/Mortality Documentation

- _____ Found dead
- _____ Found severely injured, euthanized
- _____ Slightly injured, returned to wild
- _____ Died during handling

Date/Time: _____

Location: _____

Weather Conditions: _____

Approximate Time Trap Set: _____

Time Trap Checked: _____

Field Technician(s) Present: _____

Information:

PIT TAG Number: _____

Weight (g): _____

Total Body Length (mm): _____

Tail Length (mm): _____

Hindfoot Length (mm): _____

Ear Length (mm): _____

Sex: _____

Reproductive Condition(s): _____

Description of Injury: _____

Details of Probable Reasons for Injury or Mortality: _____

Signature of Technician(s):