



Shark Data Sheet

Sample # _____ Date _____ Time _____

Gear _____ Location _____

Bait _____ Latitude _____ Longitude _____

Cylume R Y Conditions _____

G B W Depth _____ Water temp _____

Visibility _____ Air temp _____

Species _____ Sex: M F U

Maturity A E

Condition: Healthy B F

Poor C G

Dead # Hours _____ D

Measurements (CM MM)

Total Length _____ Fork Length _____

PreCaudal Length _____ #Vertebrae _____

Snout to Nostrils _____ Upper Lip Groove _____

Snout to Mouth _____ Lower Lip Groove _____

Snout to Eye _____ 1st Gill Slit _____

Snout to Spiracle _____ 3rd Gill Slit _____

Snout to 1st Gill Slit _____ 5th Gill Slit _____

Snout to Pectoral _____ 1st Dorsal Base _____

Snout to 1st Dorsal _____ 1st Dorsal Height _____

Snout to Pelvic _____ 1st Dorsal Lobe _____

Snout to Upper Caudal _____ 2nd Dorsal Base _____

Eye Diameter _____ 2nd Dorsal Height _____

Spiracle Length _____ 2nd Dorsal Lobe _____

1st to 5th Gill Slit _____ Anal Base _____

1st to 2nd Dorsal _____ Anal Height _____

Between Dorsal Bases _____ Anal Lobe _____

Pectoral to Pelvic _____ Pectoral Base _____

Pelvic to Anal _____ Pectoral Inner Edge _____

2nd Dorsal to Upper Caudal _____ Pectoral Length _____

Anal to Lower Caudal _____ Pelvic Lateral Lobe _____

Nostril Length _____ Pelvic Median Tip _____

Internasal Distance _____ Caudal Upper Lobe _____

Mouth Width _____ Caudal Base of Notch _____

Mouth Length _____ Caudal Lower Lobe _____



Shark Data Sheet

Weights (KG or G | | | | | | | |-------|-------|--------------------|-------|----------|--------------------------| | Total | _____ | Pancreas | _____ | Stomach | _____ | | Brain | _____ | Spleen | _____ | Contents | _____ | | Heart | _____ | Intestine | _____ | Empty | <input type="checkbox"/> | | Liver | _____ | Reproductive Tract | _____ | | |

Female Reproductive Condition:

Ovary Colour	_____							
Eggs	No <input type="checkbox"/>	Yes <input type="checkbox"/>						
Embryos	No <input type="checkbox"/>	Yes <input type="checkbox"/>	# Pups	_____	# ♂	_____	# ♀	_____
	# Aborted	_____	# Released	_____	Length	_____	Length	_____
Mating Scars	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Hyman intact	No <input type="checkbox"/>	Yes <input type="checkbox"/>			
	Location of Scars _____							
Uterine Scars	No <input type="checkbox"/>	Yes <input type="checkbox"/>	# Scars	_____				

Stomach Contents:

% Full	Plants	Gastropods	Bivalves	Cephalopods	Annelids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decapods	Echinoderms	Teleosts	Elasmobranchs	Birds/Reptiles	Mammals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
