# Atlantic Salmon Data Sheet 2007

**Raincoast Research**
General Delivery
Simoom Sound, BC V0P 1S0
wildorca@island.net
Voice 250-949-1664 / Fax 250-956-2121

**Dr. John Volpe**
School of Environmental Sciences
University of Victoria, PO Box 1700 STN CSC
Victoria BC V8W 2Y2
jpv@uvic.ca
Voice (250) 472 – 4298 / Fax (250) 721-8985

**Date _____/_____/_____ _____ ← all these numbers *MUST* go on sample bags if any collected and frozen.**
*day month year fish #*

Caught by:_____ *Not required if fisherman needs to remain anonymous*

Vessel name:_____

phone _____/_____/_____ email:_____
*if want to be contacted with results*

Place caught_____Area #_____

Target species: _____ Gear type:_____
*sport, troll, seine, gillnet, broodstock*

Catch details_____
*depth, mesh size, gear colour, etc.*

Total Atlantic catch: _____; # donated to research_____; Fate of others_____
*sold, tossed, eaten*

Have these fish been reported to DFO's Atlantic Salmon Watch Program? (Y or N) _____

Delivered to/by:_____
*name of plant where picked up, or person who brought it to you if not straight from fisherman*

---

Length:_____cm Weight:_____kg # of spots on one cheek_____

Sexual Maturity: Male ⟩ Female ⟩ Gonads immature / absent ⟩ Maturing ⟩ Mature ⟩

#Sea lice on head_____ on belly____ on anal fin _____ on dorsal fin_____

Tail worn: yes ⟩ or no ⟩ healed ⟩ or raw ⟩ Kype: no ⟩ yes ⟩

Sores / lesions / cuts _____
*description, size, number, colour, where on body*

# of spots on one cheek_____

Stomach contents: wild prey* ⟩ pellets ⟩ mucus ⟩ empty ⟩ unknown ⟩

*Prey identification_____

Collected : head ⟩: stomach ⟩: scales ⟩: photo ⟩: other:_____

**Send data to addresses above. Call for sample shipment.**