

Arizona Game and Fish Department
 Mountain Lion Observation Report (Revision draft based on public comments thru 7/21/04)

Date of Incident	Time of Observation	County	
Name of Reporting Party	Address	General Location Description	
Phone			
Township	Range	Section	½ Section
Latitude	Longitude	UTM Coordinates	
Location of Event <input checked="" type="checkbox"/> Dense Residential <input type="checkbox"/> Developed Recreation Area <input type="checkbox"/> Sparse Residential <input type="checkbox"/> Undeveloped, Natural Vegetation		Distance from Observer or Other People	
Type of Event <input type="checkbox"/> Sighting (Visual observation or sign of lion only) <input type="checkbox"/> Encounter (neutral meeting between lion and human without incident) <input type="checkbox"/> Incident (human has to take action to prevent an attack) <input type="checkbox"/> Attack: <input type="checkbox"/> Person - Gender (m/f): _____ Age: _____ <input type="checkbox"/> Livestock - Type: _____ <input type="checkbox"/> Pet - Type: _____ Type of Attack: <input type="checkbox"/> Non-injury <input type="checkbox"/> Injury (describe below) <input type="checkbox"/> Fatality <input type="checkbox"/> Other _____ Injury Description: _____			
Threatening Lion Behavior <input type="checkbox"/> Repeated vicinity of small children (<13 yrs) <input type="checkbox"/> Staring or unusual interest in humans (describe) <input type="checkbox"/> Remains in close proximity (<50 yds) to <input type="checkbox"/> Fails to yield to humans <input type="checkbox"/> Pet depredation <input type="checkbox"/> Displays aggressive behavior to humans (circle all those that apply): crouching, advancing, stalking, growling <input type="checkbox"/> Other: _____			
Lions Seen by Reporting Party: Number of Adults: _____ Kittens: _____ Description: _____			
Initial Department Response Date: _____ Time: _____ Employee Name: _____ Title: _____ <input type="checkbox"/> Phone call only <input type="checkbox"/> On-site investigation		Lion Brochure Provided <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	
Credibility of Report Verified with physical evidence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check all that apply: <input type="checkbox"/> Kill <input type="checkbox"/> Track <input type="checkbox"/> Scat <input type="checkbox"/> Hair <input type="checkbox"/> Scrape <input type="checkbox"/> Other Description of Evidence or Kill Species: _____ _____ <input type="checkbox"/> Not considered Credible <input type="checkbox"/> Considered Credible Why? (Check all that apply) <input type="checkbox"/> Experience/Knowledge of Observer Explain: _____ <input type="checkbox"/> Physical Description/Observation Conditions (lighting, distance, etc.) Explain: _____ <input type="checkbox"/> Observed or heard by Responding Employee Explain: _____ <input type="checkbox"/> Corroborated by Other Observers Explain: _____ <input type="checkbox"/> Other Explain: _____		Employee Field Response (describe response) <input type="checkbox"/> No Action <input type="checkbox"/> Aversive Conditioning: Type: _____ Response: _____ <input type="checkbox"/> Pursued (how?) _____ _____ <input type="checkbox"/> Captured (how?) _____ _____ <input type="checkbox"/> Euthanized: _____ _____ <input type="checkbox"/> Disposition of Carcass: _____ _____ <input type="checkbox"/> Other: _____ _____ _____	

