

ANGLER TRANSMITTER

Form #

RECOVERY FORM

Date:

Recorder:

Name of individual returning tag:

Address:

Phone:

Species of fish recaptured:

Transmitter channel and code:

Date fish or tag recaptured:

Recapture Location:

(River, distance from a landmark, town, etc)

Fish **kept** or **released?**

Fish **male** or **female?**

Found tag- no fish

Comments:

UI Office Use Only

Is transmitter working? Yes No Date turned off: _____ Date Inventoried: _____

Recap type: F TF FT Unkn _____ Transmitter retained: Yes No Unkn _____

Date tagged: _____

RKM & trib code: _____

Date paid: _____ Check # : _____ Amt: _____

Date entered into computer: _____

Comments: _____ Date double checked: _____

Please send tag and form to:

Fish Ecol Res Lab
University of Idaho
Moscow, ID
83844-1136