Summer Maternity Roost Monitoring-SURVEYOR INFORMATION Data Form
U-2 White Nose Syndrome (WNS):
Multi-state Coordination, Investigation and Response to an Emerging Wildlife Health Threat

SURVEYOR INFORMATION (CONFIDENTIAL):

NAME: _____

ADDRESS: _____

_____

CITY: _____ STATE:_____ ZIP:_____

PHONE:_____

EMAIL:_____

SURVEYOR TYPE (circle what best describes you):

Landowner -You are surveying a roost on your own property (use this even if also surveying other sites you do not own).

Volunteer -You are surveying as a volunteer and have limited expertise in both bat identification and ecology.

Student -You are a student studying bats with a basic expertise in both bat identification and ecology.

Researcher -You are actively involved in bat research on an academic and/or professional level.

COMMENTS: (Bat experience etc.)

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