



COYOTE SIGHTING REPORT FORM

YOUR CONTACT INFORMATION

Name: _____

Address: _____ CULVER CITY, CA _____

Phone Number: _____

E-Mail Address: _____

Date of Sighting: ____/____/____ Time of Sighting: ____:____ AM / PM

Location of Sighting (Street Name / Address): _____

Closest Intersection: _____

Number of Adult Coyotes Observed: _____ Number of Young Coyotes Observed: _____

Condition of the Coyote: ____ Healthy ____ Sick ____ Emaciated/Very Thin ____ Mangy/Hair Loss ____ Injured

What was the coyote doing when you saw it?

- Observed in your yard or on the street at night (Sighting)
- Early morning or late afternoon daylight observance of coyotes on street or in park(Sighting)
- Was approaching adults and/or taking pets at night (Encounter)
- Daylight observance of coyote chasing or taking pets (Encounter)
- Coyote attacking or taking pet on leash in close proximity to their owners (Incident)
- Coyote attacking or taking unattended pet/pet on leash longer than 6' (Incident)
- Coyote seen in and around children play areas, school grounds and parks mid-day (Incident)
- Coyote acting aggressively toward adults during day (Incident)
- Coyote biting or injuring person (Attack) **[CALL 911 IMMEDIATELY!]**
- None of the above (Comment: _____)

ADDITIONAL INFORMATION (Please include as much detailed information as possible.)

Any pictures of coyotes can be sent to: Animal.Services@culvercity.org (Include sighting date and location with image.)