COYOTE SIGHTING REPORT FORM

YOUR CONTACT INFORMATION

Name: ____________________________________________________________________________________________

Address: _________________________________________________________________________________________

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.)