Injured Turtle Report Form
Please fill out for each turtle you bring in for care to Ontario Turtle Conservation Center (OTCC)

Day/ Month/Year: ____________________________

Time: ____________________________

Turtle Species: ____________________________

Location: Please provide coordinates (lat/long), road name, landmarks, and/or mileage to closest landmark, etc.

__________________________________________________________________________

Nature of Injury: ____________________________

Your Name: ____________________________

Phone Number: ____________________________

Email Address: ____________________________

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Report your injured turtle, call: (705) 741-5000

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