

# SCDNR MARINE TURTLE TRANSFER FORM

Instructions: This form must be filled out completely whenever a marine turtle is transferred from one facility to another. A copy of each completed form should be submitted (by both the transferring and the receiving facility) to SCDNR PO BOX 12559 Charleston, SC 29422, Fax (843) 953-9282.

Turtle's Stranding Identification Number: \_\_\_\_\_  
(If applicable)

Date of Transfer: \_\_\_\_\_

Transferring turtle **FROM** (name of facility): \_\_\_\_\_

Transferring turtle **TO** (name of facility): \_\_\_\_\_

Purpose of transfer: \_\_\_\_\_

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Transfer is expected to be (circle one): Temporary    Permanent

Other Comments:

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