

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 transfer form, along with the STSSN stranding form (if applicable) should be submitted to SCDNR PO BOX 12559 Charleston, SC 29422, seaturtles@dnr.sc.gov

Turtle's Stranding Identification Number: _____
(If applicable)

Date of Transfer: _____

Species: _____

FP Positive (circle one): Yes No Has it been tested for FP (circle one): Yes No

Transferring turtle **FROM** (name of facility): _____

Transferring turtle **TO** (name of facility): _____

Purpose of transfer: _____

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

Other Comments:

