Willow Flycatcher Survey and Detection Form (revised April, 2004)

| Site Name | State County feet / meters (circle one) | | | | | | | |
|---|---|-----------------------------|---------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|---|---|
| | | | | | | | | |
| Is copy | of USGS map n | narked wit | h survey ar | ea and WIF | L sightin | igs attached | d (as required)? | ☐ Yes ☐ No |
| Site Coordinates: Start: N Stop: N | | E | | | UTM Datum (NAD27 preferred) UTM Zone | | | |
| | E | | | | | | | |
| | ** | Fill in ad | lditional | site inforn | ation o | n back oj | f this page ** | |
| Survey # Observer(s) (Full Name) | Date (m/d/y) Survey time | Number of Adult WIFLs | Estimated Number of Pairs | Estimated Number of Territories | Nest(s) Found ? Y or N | Cowbirds Detected? Y or N | Presence of Livestock, Recent sign, If Yes, Describe Y or N | Comments about this survey (e.g., bird behavior, evidence of pairs or breeding, number of nests, nest contents or number of fledges seen; potential threats) |
| 1 | Date | | | | | | | |
| | Start | | | | | | | |
| | Stop | | | | | | | |
| | Total hrs | | | | | | | |
| 2 | Date | | | | | | | |
| | Start | | | | | | | |
| | Stop | | | | | | | |
| | Total hrs | | | | | | | |
| 3 | Date | | | | | | | |
| | Start | | | | | | | |
| | Stop | | | | | | | |
| | Total hrs | | | | | | | |
| 4 | Date | | | | | | | |
| | Start | | | | | | | |
| | Stop | | | | | | | |
| | Total hrs | | | | | | | |
| 5 | Date | | | | | | | |
| | Start | | | | | | | |
| | Stop | | | | | | | |
| | Total hrs | | | | | | | |
| Overall Site Summary (Total resident WIFLs only) | | Adults | Pairs | Territories | Nests | Were any WIFLs color-banded? Yes No | | |
| | | | | | | | If yes, report color combination(s) in the comments section on back | |
| Total survey hrs | | | | | | of form | | |
| Reporting Indiv | | ! | <u> </u> | | ! | | enart Campleted | |

Submit original form by August 1st. Retain a copy for your records.

US Fish and Wildlife Service Permit #______AZ Game and Fish Department (or other state) Permit #_____

Fill in the following information completely. <u>Submit original form by August 1st</u>. Retain a copy for your records.

| Reporting Individu | ual | | Phone # | | | | | | |
|--|---|--|---|---|---|--|--|--|--|
| Affiliation | on E-mail | | | | | | | | |
| Site Name | | | Date Report Completed | | | | | | |
| 100 | . 1 | 1 1 1 0 | d in previous years? Yes | ` ′ | arize in comments below. | | | | |
| | | | ral area this year? Yes / is site this year? Yes / N | | arize in comments below. | | | | |
| | | | Federal Municipal/0 | | Tribal Private | | | | |
| Length of area sur | veyed: | _ (specify units, e.g., 1 | miles = mi, kilometers = l | cm, meters = m) | | | | | |
| Vegetation Charac | eteristics: Overall, ar | re the species in tree/sl | nrub layer at this site com | prised predomina | ntly of (check one): | | | | |
| Native bro | adleaf plants (entire | ly or almost entirely, i | ncludes high-elevation w | illow) | | | | | |
| Mixed nati | ve and exotic plants | (mostly native) | | | | | | | |
| Mixed nati | ve and exotic plants | (mostly exotic) | | | | | | | |
| Exotic/intr | oduced plants (entire | ely or almost entirely) | | | | | | | |
| Identify the 2-3 pr | edominant tree/shru | b species: | | | | | | | |
| Average height of | canopy (Do not put | a range): | | _(specify units) | | | | | |
| | | | site? Yes / No (circle (specify uni | | | | | | |
| | conditions change signomments section b | | its (did the site flood or d | ry out)? Yes / N | o (circle one) | | | | |
| of WIFL detection patch, and location NOT substitute for | s. Also include a ske of any willow flycat | etch or aerial photograp tehers or willow flycate quad map. Please inc | oh showing details of site leacher nests detected. Such | ocation, patch shar sketches or photog | g the survey site and location be, survey route in relation to raphs are welcomed, but DO rior of the patch, and overall | | | | |
| Comments (attach | additional sheets if | necessary) | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| WIFL Detection L | ocations: | | | | | | | | |
| Date Detected | N UTM | E UTM | Date Detected | N UTM | E UTM | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |