NW Wyoming Bighorn Sheep Disease Nutrition Project

Volunteer Observation: Please complete and return to Brittany Lyn Wagler at bwagler@uwyo.edu or directly to the National Bighorn Sheep Center for collection and transfer to the University of Wyoming. Thank you for your help!

Date:	Start Time:	Temperature:	Precipitation:	
Observer names:				
Observer contact	information:			
Location				
General location:				
Exact location (U	TMs):			
Estimated distance	ce between observer and she	eep:		
Group composition	on			
Total group size:	Ewes: Rams:	Yearlings: Lambs: _		
Any collared shee	ep in the group? Collar color:	Tag col	lor, number :	
Did the collared e	ewe have a lamb with her? D	id you see the lamb sucklir	ng?	
Behavioral obser	vations			
Any signs of coug	hing? How many? What age	classes?		
Snotty noses? Ho	w many? What age classes?			
Describe the beh	avior of the sheep. Were the	y eating, travelling, bedde	d down, etc.?	
			-	
Any other notes.				
End Time:	·			