



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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