Los Angeles Spider Survey
Data Sheet
(please fill in using PENCIL)

Your name: ________________________________

Address where spider was collected: ________________________________
__________________________________
__________________________________

Contact (e-mail) ________________________________

☐ check if you want to be notified about the identity of your spider

Date collected: ________________________________

Time collected: ________________________________ AM PM

Location: in house or outdoors (circle one)

Any other details you want us to know (eg. under stones, on plants, in a web, etc.)
______________________________________________
______________________________________________
______________________________________________

How did you hear about the survey? Radio, TV (which station & program), word of mouth?
______________________________________________

We thank Bioquip Products, Gardena, CA, for their sponsorship.

Disclaimer: The museum appreciates your assistance in this scientific project. If you have any concerns about participating, we suggest you do NOT participate. The museum cannot be responsible for the treatment of bites or for any injury or illness resulting from the project.

MUSEUM USE ONLY BELOW
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Remarks: ________________________________

______________________________________________