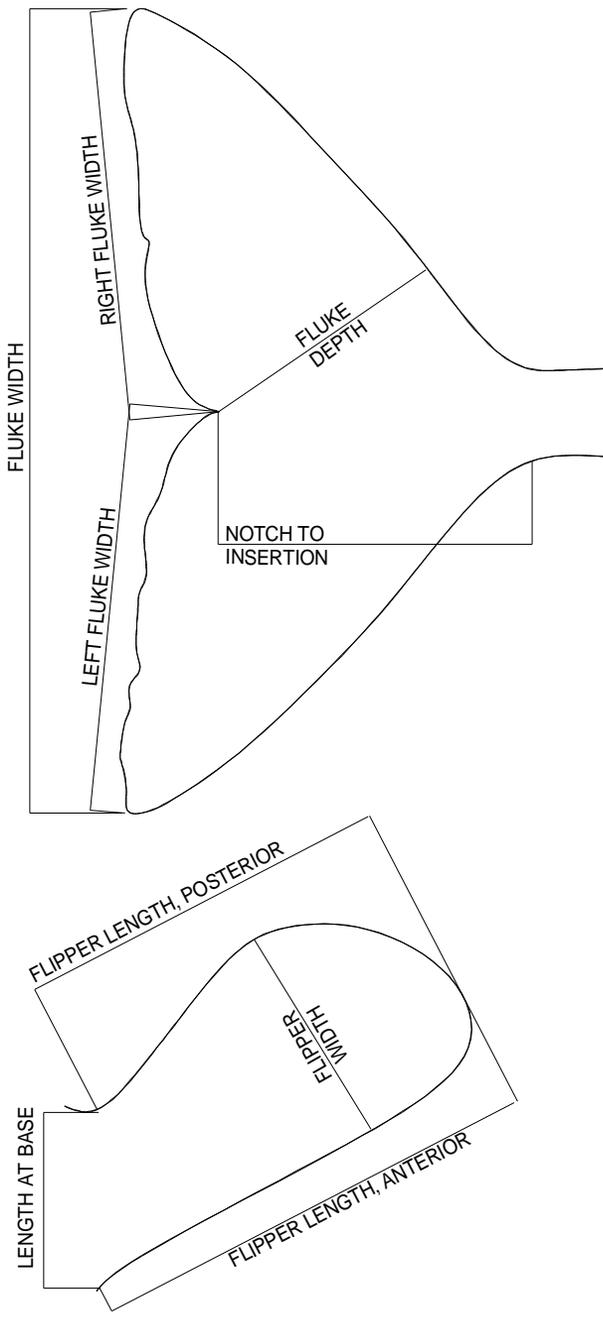
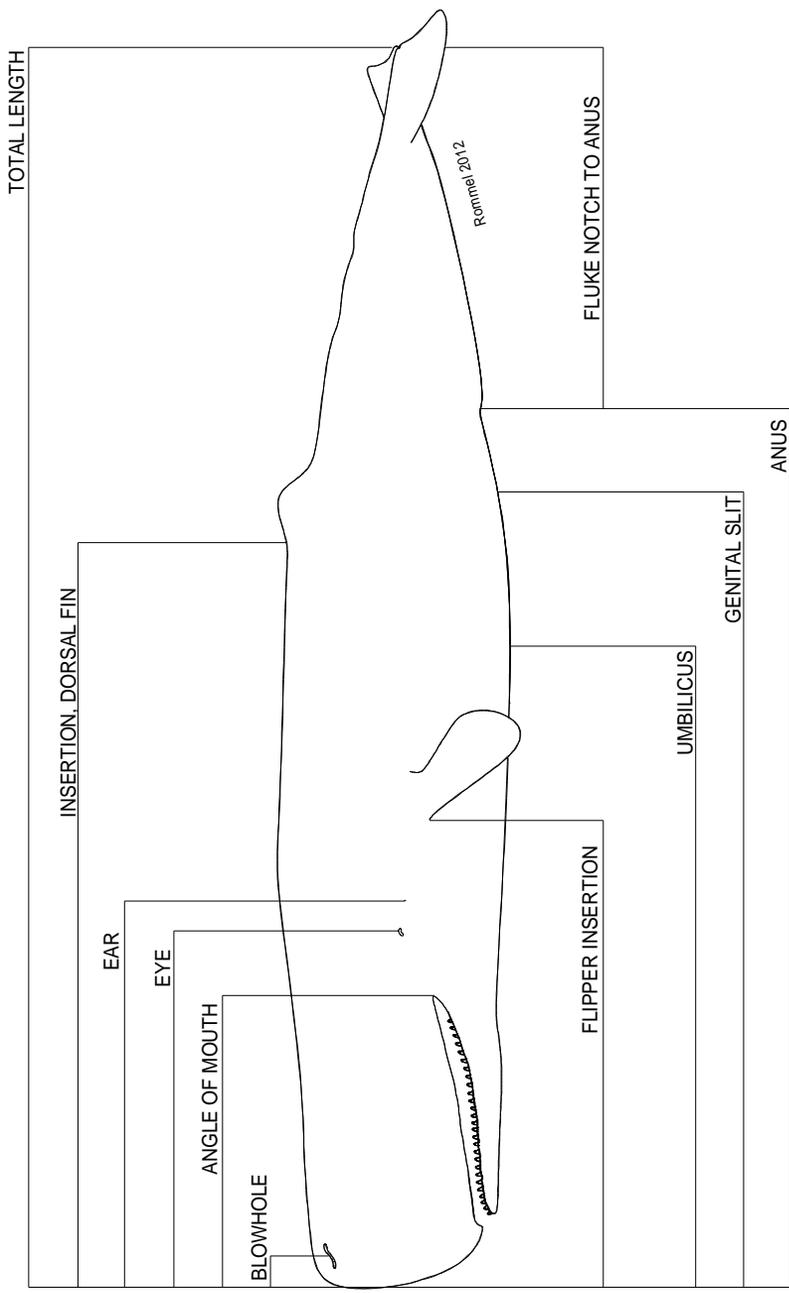


Sperm Whale External Morphometrics

Field ID# _____ Date _____ Observer _____

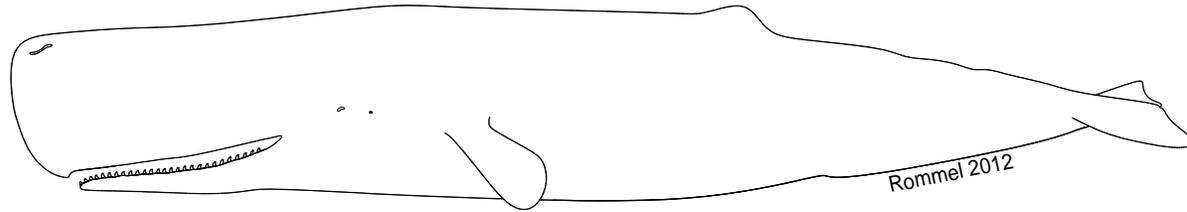
WRITE MORPHOMETRIC VALUES ON LINES



Sperm Whale L & R External Observations

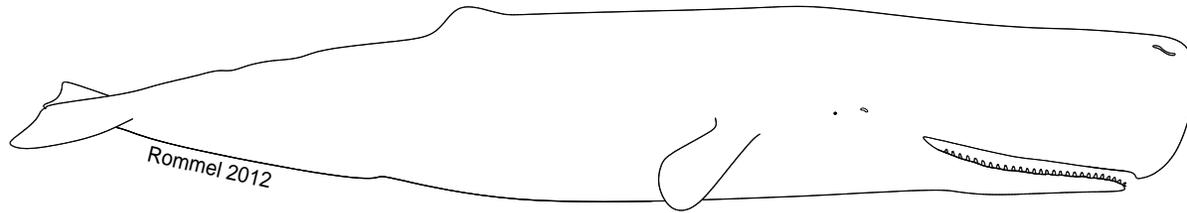
Field ID# _____ Date _____ Observer _____

BLOWHOLE



Left Side Observations

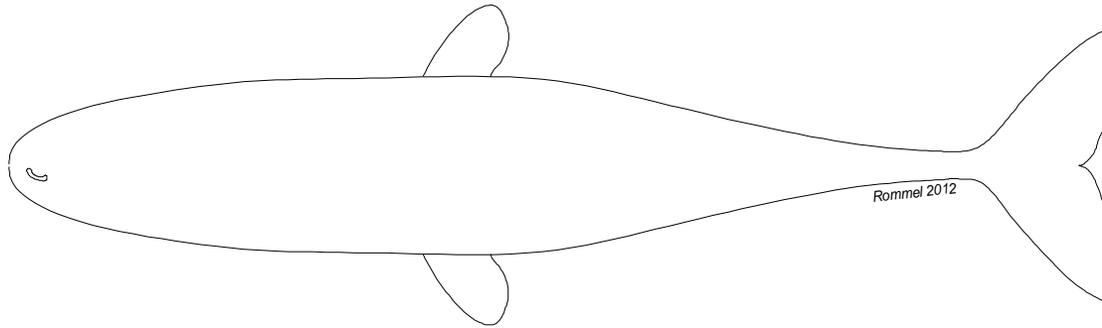
BLOWHOLE



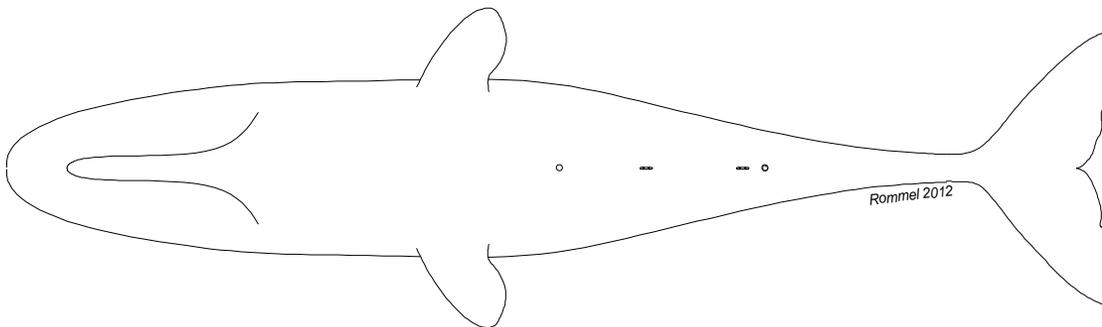
Right Side Observations

Sperm Whale Dorsal & Ventral Observations

Field ID# _____ Date _____ Observer _____



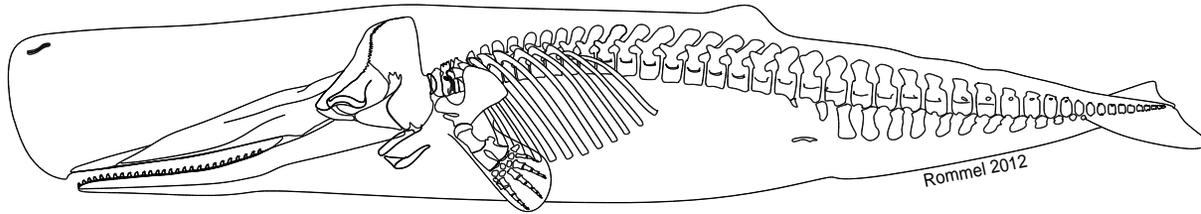
Dorsal Observations



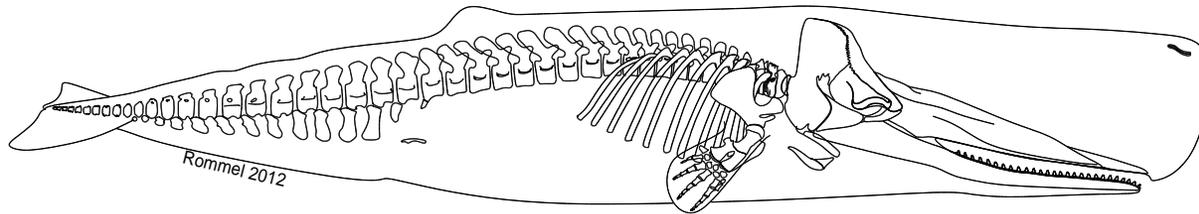
Ventral Observations

Sperm Whale L & R Osteo Observations

Field ID# _____ Date _____ Observer _____



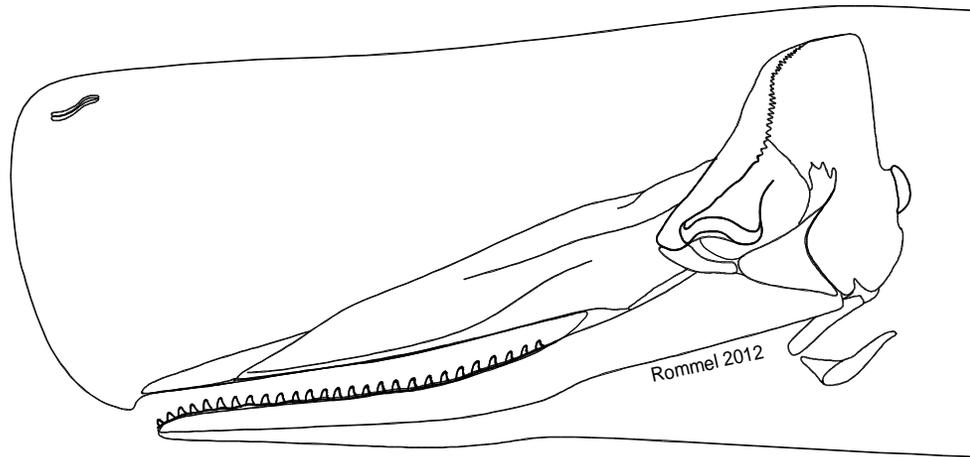
Left Side Observations



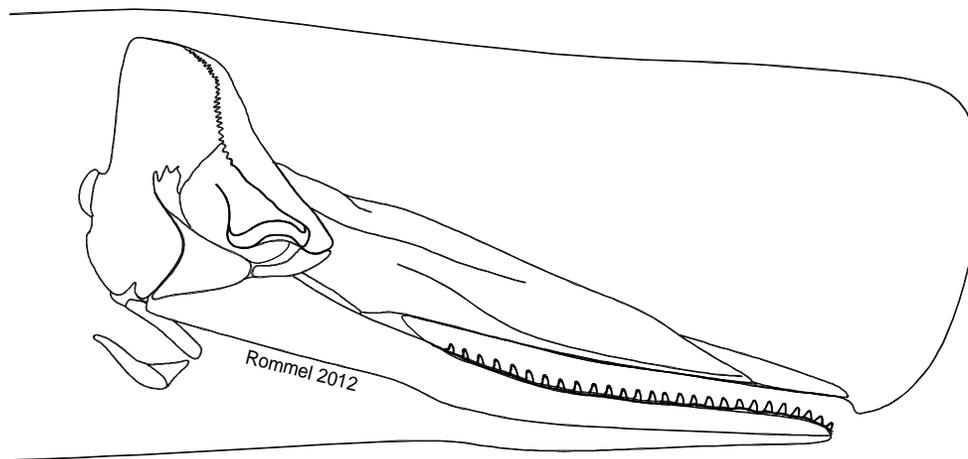
Right Side Observations

Sperm Whale Head Observations

Field ID# _____ Date _____ Observer _____



Tooth Count Left Side _____



Tooth Count Right Side _____

Left Side Observations

Right Side Observations

