

# MARINE MAMMAL DATA SHEET

Date 02/04/1997  
SHT# SHT0003464

OMB No. 0648-0084, exp 11/30/99  
HN: PHF000116 SN: 039/001  
For NMFS Use Only

## I. Holder-Specific:

Holder: Sea World Inc Facility: Sea World Inc/California  
Person or other Entity With Custody of the Marine Mammal Name of Facility (if different from Holder)  
Date assumed custody: 1 0 — 2 6 — 7 8 Date arrived at Facility: \_\_\_\_\_  
City/State/Zip (include Country for foreign facilities): San Diego, CA 92109 US  
Location of Facility  
Animal Identification No. SWC-00-7804 Animal Name: \_\_\_\_\_  
(assigned by holder) (assigned by holder)  
Captive Purpose(s): ☒ Public display ☐ Scientific research ☐ Enhancement

## II. Animal-Specific:

Species: KILLER WHALE; ORCA - ORCINUS ORCA Sex: ☐ Male ☒ Female ☐ Unknown  
Common Name - Scientific Name  
Population Name: \_\_\_\_\_  
NOAA Identification No. NOA0002505 (☐ check here if unknown or not yet assigned)  
Date of birth: \_\_\_\_\_ ☐ Actual ☐ Estimated ☒ Unknown  
Captive Origin (check only one): ☐ Captive born ☒ Wild capture ☐ Beach/stranded ☐ Unknown  
Date of original captivity: \_\_\_\_\_ (ATTACH documentation if before December 21, 1972.)

## III. Source: Indicate how and from whom custody of this animal was obtained, including change in facility.

☐ Captive birth  
☐ Transfer/ Name of Previous Holder: \_\_\_\_\_  
Transport Name of Previous Facility: \_\_\_\_\_  
☒ Import Permit No. #240 or ☐ For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))  
☐ Beach/Stranded (Please see notes)  
☐ Wild Capture Permit No. \_\_\_\_\_ Collector: \_\_\_\_\_  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Latitude/Longitude Geographical Name

## IV. Disposition: The date and reason this animal left your custody or changed facility.

☐ Transfer/ Date: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Recipient: \_\_\_\_\_  
Transport Facility: \_\_\_\_\_  
☐ Death Date: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Cause: ☐ Premature/still birth ☐ Euthanasia ☐ Other  
If "Euthanasia," indicate reason: ☐ life-threatening condition involving pain/suffering or ☐ other  
If "Other Cause," describe briefly: \_\_\_\_\_  
☐ Release Date: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_ Permit No. \_\_\_\_\_ or ☐ Unauthorized release/escape  
(reintroduction)  
Location: \_\_\_\_\_ / \_\_\_\_\_  
Geographic Location Tag number or description of other identifying markings