

# Los Angeles Spider Survey

Data Sheet

(please fill in using PENCIL)

Your name: \_\_\_\_\_

Address where spider was collected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact telephone number \_\_\_\_\_

or email \_\_\_\_\_

G - 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

# \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_