



USGS Home
Contact USGS
Search USGS

Alaska Science Center

Beak Deformities



[Beak Deformities Home](#)

[Contact Us](#)

[Report a Deformed or Banded Bird](#)

[Background](#)

- [Species Affected](#)
- [Physical Description](#)
- [Prevalence/ Distribution/ Timing](#)
- [Effects on Birds](#)

[Photo Gallery](#)

[Possible Causes](#)

- [Contaminants](#)
- [Nutrition](#)
- [Disease / Parasites](#)
- [Genetics](#)

[Current Research](#)

[How to Help](#)

- [Distribute Flyers](#)
- [Birdie Corn Bread](#)
- [Nest Box Plans](#)

[Publications](#)

[Links](#)

[Literature Cited](#)

[Landbirds Home](#)

Beak Deformity and Banded Bird Observation Report

OMB Control Number 1028-0116

OMB Expiration Date 03-31-2019

Privacy Act Statement: You are not required to provide your business information in order to submit your survey response. However, if you do not provide contact information, we may not be able to contact you for additional information to verify your responses. If you do provide contact information, this information will not be shared with any other organization and will only be used to initiate follow-up communication with you if needed. The records for this collection will be maintained in the appropriate Privacy Act System of Records identified as SORN Reference (USGS-18 Computer Registration System—Interior).

PAPERWORK REDUCTION ACT STATEMENT: In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), please note the following. This information collection is authorized by The Fish and Wildlife Act of 1956, 16 U.S.C. § 742a. Your response is voluntary. We estimate that it will take approximately 15 minutes to prepare and submit the observation report. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget control number. You may submit comments on any aspect of this information collection, including the accuracy of the estimated burden hours and suggestions to reduce this burden. Send your comments to: Information Collection Clearance Officer, U.S. Geological Survey, 12201 Sunrise Valley Drive, MS 807, Reston, VA 20192, or gs_info_collections@usgs.gov.

If you see a bird with a deformed beak, please fill out the form below to report your observation. Be sure to click "submit" at the bottom of the page when you are finished. This information will help us determine where and how many birds are affected. For any additional questions or comments, please email GS-AK_Beak_Deformity@usgs.gov.

Observer Contact (This information will remain confidential)

Name:

Email Address:

Phone Number:

Street Address/P.O. Box:

City:

State/Province:

Zip Code/Postal Code:

Country (if not in U.S.):

Date(s) of Observation:

Species:

Number of deformed
individuals:

Number of banded
individuals:

Location of Observation

Address/Nearest Cross-
Streets:

City:

State/Province:

Description of Deformity: Please provide a brief physical description of abnormal beak growth. Is the beak unusually long or short? Are the top and bottom parts of the beak crossed or curved? If so, how severely and in which direction? If possible, estimate length (or relative proportion) of the beak and any over- or under-bite.

Band combination: If the bird is banded, please note which bands are on the bird's right leg, which bands are on the bird's left leg, and which colors are on top (closest to the bird's body).

Habitat: Describe habitat where bird was observed (e.g. intertidal zone, coniferous forest, feeder, dumpster, etc.)

Behavior: Describe behavior of deformed bird (e.g. feeding, roosting, walking, etc.)

Flock Composition: Describe the number of birds in the flock and any

unusual interactions. If bird was alone, please note this.

Other Information: Please include any other information that may be relevant to this observation.

Photos

Do you have any photos of the beak deformity or bands? No Yes
If yes, type: Digital

If digital, please send to: GS-AK_Beak_Deformity@usgs.gov using the Report ID given on web page after clicking "Submit" below.

If print, slides, or negatives, please send to:
Caroline Van Hemert
USGS Alaska Science Center
4210 University Dr.
Anchorage, AK 99508

**The photo contact information is repeated on the submission page.*

Would you like to be informed via email of future developments or additional information about bill deformity research? *If yes, please be sure your email address is provided above.*

No

Please save and send this PDF to GS-AK_Beak_Deformity@usgs.gov.

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