MARINE MAMMAL DATA SHEET 01/07/2015 SHT# 8021	OMB No. 0648-0084, exp 6/30/13 For NMFS Use Only		
I. Holder-Specific: Holder (Person or other Entity With Custody of the Marine Mammal): Sea World LLC			
Facility (if different from Holder): Sea World of California			
Date assumed custody: 12/02/2014			
Date arrived at Facility: 12/02/2014			
City/State/Zip of Facility (include Country for foreign facilities): San Diego, CA 92109			
Animal Identification No. (assigned by holder): SWC-00-1426 79377			
Animal Name (assigned by holder):			
Purpose(s): P_Public displayScientific researchEnhancementRehabilitation	DOD		
II. Animal-Specific: Species: killer whale; orca - Orcinus-orca Sex:Male _F_FemaleUnknown			
Population Name: RANGEWIDE			
NOAA Identification No. NOA0010189 (check here if unknown or not yet assigned)			
Date of birth: 12/02/2014 _A_ActualEstimated			
Captive Origin (check only one): _C_Captive bornWild captureBeach/strandedUnknown			
Date of original captivity: 12/02/2014 (ATTACH documentation if before December 21, 1972.)			
III. Disposition: The date and reason this animal left your custody or changed facility. Death Date:08-19-2021			
Cause:Premature/still birthEuthanasia XOther			
If "Euthanasia," indicate reason:life-threatening condition involving pain/suffering orother			
If "Other Cause", describe briefly: Gastro-intestinal Disease			
Release Date: Permit No. OR Unauthorized release/escape (reintroduction)			
Geographic Location:			
Tag number or description of other identifying markings:			

IV. Source: Indicate how and from whom custody of this animal was obtained, including change in facility. Name of Original Holder: Sea World LLC Name of Original Facility: Sea World of California			
_C_Captive birth			
Import Permit No. or For medical treatment otherwise unavailable (16 U.S.C. 1379(h)(2))			
Beach/Stranded (Please see notes)			
Wild Capture Permit No.: Location:	Collector: Geographical Name:		
Transfer/Transport Name of Previous Holder: Name of Previous Facility: Name of Recipient: Name of Facility:	Custody Date:	Facility Date:	
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