

# WILDLIFE SAMPLE RECEIPT FORM

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Sample Number: \_\_\_\_\_  
(Attach Tag to Sample)

Date: \_\_\_\_\_

Depot Location: \_\_\_\_\_

## SAMPLE INFORMATION:

Kill Date: \_\_\_\_\_ GHA: \_\_\_\_\_

Species: \_\_\_\_\_ SEX: \_\_\_\_\_

Comments: \_\_\_\_\_

Kill Location (Mandatory) _____	GPS Coordinates _____
and / or _____	Section/Township/Range _____

## HUNTER / SUBMITTER INFORMATION:

Licence Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ / (    ) \_\_\_\_\_

## OUTFITTER INFORMATION (If applicable):

Operation Name: \_\_\_\_\_

Operator Number: \_\_\_\_\_

Would you like us to contact you about returning the sample head? Yes ☐ No ☐

\_\_\_\_\_  
Hunter / Submitter Signature

\_\_\_\_\_  
Received by Signature