

WILDLIFE SAMPLE RECEIPT FORM

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Sample Number: _____ Date: _____
(Attach Tag to Sample)

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