## WILDLIFE SAMPLE RECEIPT FORM

18101

	(Attach Tag to Sample)	
MPLE NUMB	Depot Location:	_
	SAMPLE INFORMATION:	
	Kill Date:	GHA:
	Species:	Gender:
	Comments:	
	Kill Location (Mandatory)	
	GPS Coordinates	
	and / or	
	Quarter/Section/Township/Range	
	Name:	,
	Name:	/
	Name:	Postal Code:
	Name: Address: Town/City:	Postal Code:
	Name:  Address:  Town/City:  Telephone Number: ( )	Postal Code:
	Name:	Postal Code:  licable):  / mation will aid the Wildlife Health Program)
	Name:	Postal Code: licable):  nation will aid the Wildlife Health Program) a hunting licence
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MG-5853 (Rev. 06/22)

Natural Resources and Northern Development