

**WILDLIFE SAMPLE RECEIPT FORM**

16573

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



SAMPLE NUMBER

