ALGONQUIN NATION TRIBAL COUNCIL
2008/2009 MOOSE HARVEST
QUESTIONNAIRE

Please complete and return this form within seven (7) days of your harvest to

Chief Richard Zöhr

57 Bonnechere Street South
Kanfraw, Ontario
K7V 1Z2
Fax (613) 433-9085

Print Name: ___________________________ Moose Tag #: ____________

Date of Harvest: ___________________________

Location of Harvest: ___________________________

(i.e. Give name of the Road/Lake/Township and/or Milemarker No. etc)

Please check one: ________

Bull: ______________  Please give the approximate age ______________

Cow: ______________

Calf: Male ______ Female __________

Who did you share your moose meat with?

1. ______________

2. ______________

3. ______________

4. ______________

Signature: ___________________________

Date: ___________________________

THE LOWER JAW MUST BE CLEANED AND TAKEN TO YOUR REGIONAL
OFFICE. NO JAW WILL BE ACCEPTED IF NOT PROPERLY CLEANED.
PLEASE, PUT YOUR JAW IN A PLASTIC BAG AND PROPERLY SEAL IT.