

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 Zohr

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

Print Name: _____ Moose Tag #: _____

Date of Harvest: _____

Location of Harvest: _____

_____ (ie: Give name of the Road/Lake/Township and/or Milemarker
No. etc)

Please check one: _____ Please give the approximate age

Bull: _____

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.