

ID #: _____

(Please leave blank)

Research Project to Assess the Health of Wild Turkeys in Ontario

DATE HARVESTED/FOUND: _____

LOCATION: _____

(Please be as specific as possible, e.g., preferably WMU and GPS coordinates (if not known, nearest intersection, street address or farm name))

HOW TURKEY DIED: _____

(E.g. hunter-harvested, road kill, or natural death)

ANY ABNORMALITIES NOTED UPON HARVEST: _____

AGE: Adult Juvenile

SEX: Male Female

CONTACT INFORMATION: (will be kept confidential)

NAME: _____

TAG/LICENSE #: _____

EMAIL: _____

PHONE: _____

Thank you for your participation!