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!