

Newfoundland and Labrador

Cooperating Black Bear Hunter – Tooth Submission Form

Please fill out as best as possible.

ID# _____

(Do not write in this space)

USE A SEPARATE SHEET FOR EACH HARVESTED BLACK BEAR
PHOTO COPY THIS SHEET OR DOWNLOAD THE FORM

Licence Number: _____

Date of Harvest: _____ / _____ / _____ (month/day/year)

Black Bear Management Area: _____

Harvest Block (Letter/Number sequence from hunting map): _____

Sex of Harvested Bear: Male Female Unknown

Type of Hunt: Rifle Shotgun Bow Crossbow

Did you Snare? Yes No

How Many Days Did You Hunt? _____

How Many Black Bears Did You See? Adults Juveniles Cubs Unknown

Did Your Harvested Bear Have an Ear Tag? Yes No If Yes, Tag Number: _____

Use tape to attach dry teeth to this sheet: Two Upper Pre-Molars Preferred

Two Teeth Enclosed: Upper Pre-Molar1 Upper Pre-Molar2 Lower Pre-Molar1 Lower Pre-Molar2

Hunter Name and Current Address required!

Your Cooperating Big Game Hunter Crest and Age Report for your harvest will be sent to:

Name: _____ Address: _____

Town/City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Please send your completed form with bear tooth in the addressed envelope provided. Any Questions Please Contact: Wildlife Division Laboratory by email: wildlifelab@gov.nl.ca or by telephone: (709) 686-5546.

