DEER HARVEST REPORT FORM

Mail to:
Deer Management Program
Mohonk Preserve
PO Box 715
New Paltz, NY 12562

OR
Submit to the front desk of the
Mohonk Preserve Visitor Center

HUNTER NAME: __________________________________________

MP PERMIT #: _____________________________

HARVEST DATE: _____________________________

SEX:  □ Male  □ Female (Antlerless)

AGE GROUP:  □ Adult  □ Young of Year  □ EXACT AGE (if known): ______________________

ANTLER POINTS: _______  □ ANTLER BEAM DIAMETER (mm): _______

WEIGHT (if known): __________ lbs  □ FIELD-DRESSED  □ LIVE

TAG USED: □ REG SEASON DEER  □ BOW/MZ EITHER SEX  □ BOW/MZ ANTLERLESS
□ DMAP CARCASSS TAG  □ DMP DEER TAG

DOC/TAG #: _____________________________

HUNTING IMPLEMENT: □ VERTICAL BOW  □ CROSSBOW  □ SHOTGUN
□ HANDGUN  □ MUZZLELOADER

HARVEST ZONE: _________________  Mark on map approximately where deer was harvested.
Map on back of sheet.

NEW DMAP ISSUED: □ YES  □ NO

If yes DOC# _____________________________________________

CHECKED BY: _________________________________
MP Staff Name  _________________  _______________  Date

_________________________________________________________________________________________