



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 CARCASS 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 Initials Date

