Village of Hamilton Deer Harvester Report Form
(must be submitted prior to receiving additional cull tags)

Please submit form within 48 hours upon successful use of the two (2) tags provided or at the end of the cull period if no deer is taken. Submit ASAP if a deer is wounded and not recovered. Submit in hard copy OR via email to NancyM@hamilton-ny.gov.

Name: _____ Stand Site: _____

*DEC Tag Number:	#	#
*Date Tag Used:		
*Sex of Deer (male/female):		
Number of times at site prior to harvesting deer:	X's	X's
Number of hours spent prior to harvesting deer	hrs	hrs
Number of deer seen while on stand: -this year's fawns		
-does > 1 year old		
-antlered bucks > 1 year old		
-buck with dropped antlers > 1 year old (if you can tell; otherwise, assume = doe)		
TOTAL		
Bait (corn) was used (Y/N)		
Number of arrows shot and approximate time of day/night	/	/
Did you use a light (Y/N) if so what kind?	/	/
For lethal hits, distance deer ran	FT	FT
Water Treatment Facility site utilized for field dressing (Y/N)		
Who processed the deer (including self)		
Deer kept or donated		
Donation recipient (Name)		

****If a deer was wounded but not recovered, please describe the circumstances:

_____
_____
_____

Do you have any other comments or suggestions to improve the Hamilton Harvesting Program:

_____
_____
_____
_____

911 For Emergency 315-824-3311 Non- emergency Police 315-264-3732 Nancy's Cell