



**DEASE RIVER FIRST NATION
LANDS AND RESOURCES DEPARTMENT**

Guardian Program

Box 79 Good Hope Lake, BC V0C 2Z0

Fax: (250) 239-3033

dny.drfn.01@gmail.com

Kaska Territory Hunter Harvest Survey

Please remember to complete Provincial Harvest Survey

Submit this application by fax, mail, email, or in person.

To save information entered on this fillable form, first save this PDF to your computer. Complete the form, resave, and then email to dny.drfn.01@gmail.com.

Full Name: _____

Address: _____

Phone: Home: _____ **Mobile:** _____

Hunter Residency: BC Resident Non-Resident CDN Non-Resident Alien First Nation

Location and Wildlife Management Unit of Hunt (indicate the location in the Kaska Traditional Territory):

Location: _____ WMU: _____

GPS or Spatial Location (e.g. Lat or Long, or UTM): _____

Transportation Used: Truck ATV Boat Canoe Horse Plane

(Select more than one if used) Number of Tags: _____

Moose: Sex: _____ Number Harvested: _____
 Caribou: Sex: _____ Number Harvested: _____
 Sheep: Sex: _____ Number Harvested: _____
 Elk: Sex: _____ Number Harvested: _____
 Goat: Sex: _____ Number Harvested: _____
 BK Bear: Sex: _____ Number Harvested: _____
 Mule Deer: Sex: _____ Number Harvested: _____
 White Tail Deer: Sex: _____ Number Harvested: _____

All non-Kaska First Nation and licenced hunters are requested to complete this survey to inform wildlife management in the Kaska Traditional Territory. This information will assist in managing the populations and reducing land use conflicts.

Number of days hunted: _____ Number of days camped: _____ Hunting Party Size: _____

Did you notice any animals that appeared sick or unhealthy? Yes No

If yes, please describe: _____

Now or in the future, would you consider providing meat or other parts (e.g., hides, ribs, organs, brain) to the local First Nation for their use? Yes No

Report wildlife violations to the 24 hour Conservation Officer Hotline – 1-877-952-7277

(www.env.gov.bc.ca/cos/rapp/form.htm) and/or DKI Natural Resource Technician. If you would like to provide meat from hunts, please call the Dease River First Nation (250) 239-3000.

Signature: _____ Date: _____

DRFN Guardian Program – Internal Use Only

Date Received: _____

Issue or Concerns: _____

Follow Up: _____