



DEER HARVEST DATA

Leaseholder: _____

Acres Leased: _____

Number of Members: _____

County: _____

Year: _____

Please **Do Not Fill In Gray Boxes**, these are to be completed by Legacy Biologist. Please remove, number and save each deer's lower jawbone.

#	Date	Sex (M/F)	Age	Weight (lbs)		Antler Points		Antler Measurements (in)					Doe in Milk (Y/N)	Hogs	Hunter's Name
				Live	Dressed	Left	Right	Inside Antler Spread	Left Beam Cir.	Right Beam Cir.	Left Beam Len.	Right Beam Len.			
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Return completed form by February 1 to:
 Legacy Wildlife Services, 4818 West US Hwy 90, Suite 100, Lake City, FL 32055 FAX: 386-438-8464