



**Kee Tas Kee Now
Tribal Council
Education
Authority Ltd.**



**Indigenous Services
Canada**

Hunter Information (each hunter is to fill out the form for each carcass)

Name: _____ Hunter # H1
 Phone: _____
 Community/First Nation: _____
 Treaty #: _____ WIN #: _____
 Address: _____
 Hunting Area/Zone: _____
 Hunting Date(s): _____
 Harvest Time: _____ Outdoor Temp.: colder than 0°C 0-15°C warmer than 15°C
 Type of Animal: _____ Male _____ Female _____ Carcass# _____

Receiver/Storage (KTCEA/Warehouse)

Company/Facility: _____
 Company/Facility Address: _____
 Temperature of the meat: _____
 Date Received: _____ 20____ Time: _____
 Number of Packaged Meat(s): _____ Date Packaged: _____ Number of dates stored: _____
 Name of Receiver/Inspector: _____

Declaration/Agreement

I skinned and cleaned the Hide and stored it properly. The area where the wild game was skinned, is or will be cleaned after the skinning is finished.

If the hide is not required by the receiver, it will be donated to the school and/or Elders of the community.

If other organs such as; Nose, Tongue, Heart, Liver etc. are not required by the receiver, it will be donated to the school and/or Elders of the community.

The facility has a certificate of approval from EPHS, Indigenous Service Canada or AHS

I will package and label all wild game meat that is required by the receiver.

I examined the carcass, as well as any organs received, and hereby certify that they are free from abnormalities that would suggest the animal was in poor health

Hunter's Signature: _____

Receiver's Signature: _____

Date: _____ 20____

❖ This form will be only for the Hunter files and KTCEA Files ONLY – the school shall not receive this form.



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Distribution

Driver

Name of delivery driver: _____

Time left the distribution center: _____

Temperature of meat when left the distribution center: _____

School/Facility

School/Facility Name: _____

Name of Receiver: _____

Receiver Title: _____

School/Facility Address: _____

Temperature of meat when arrived at receiving center: _____

Quantity of meat: _____

Date received: _____ 20 ____

Time received: _____

Label ID: H__ - _____

Date Meat will be used: _____ 20 ____

Delivery Driver Signature: _____

Receiver Signature: _____