Patterson's TAXIDERMY

RECORD OF MIGRATORY BIRDS

Drop-off Date: _____

Pick-up Date: _____

Customer's Name: _____

Address: _____

City: _____ **State**: _____ **Zip** _____

Phone No. ( ) _____

LICENSE / PERMIT NO. _____ **Year**: _____

State of Issuance: _____

Species 1: M/F	Date of Harvest:	Location:
Pose:	Base:	Direction:

Species 2: M/F	Date of Harvest:	Location:
Pose:	Base:	Direction:

Species 3: M/F	Date of Harvest:	Location:
Pose:	Base:	Direction:

Species 4: M/F	Date of Harvest:	Location:
Pose:	Base:	Direction:

Species 5: M/F	Date of Harvest:	Location:
Pose:	Base:	Direction:

Species 6: M/F	Date of Harvest:	Location:
Pose:	Base:	Direction:

Species 7: M/F	Date of Harvest:	Location:
Pose:	Base:	Direction:

Species 8: M/F	Date of Harvest:	Location:
Pose:	Base:	Direction:

I certify that the above mentioned Migratory Game Birds were taken legally and according to all Federal and State laws and that I have adhered to all regulations concerning the same.

Signature of Hunter: _____ **Date**: _____

If Bird(s) picked up by person other than hunter enter their name and address below:
Name: _____
Address: _____
City, State, Zip: _____

Patterson's TAXIDERMY

Federal Migratory Bird Tag

Order #		
Name		Date
Address		
City	State	Zip
Species	Sex	Quantity
Date Killed	Location	
Phone #		
Signature		Date