

Trapper's Report of Catch

Report Deadline April 10

Trapping License Number _____

Season Trapped (e.g., 2009- 2010) _____

All licensed trappers are required to complete and submit this form as soon as their trapping activities are completed or postmarked no later than April 10. Responses are used for management purposes and accurate information is necessary to manage our state's furbearers. If more space is needed, please attach additional sheets.

Did you trap this season? YES NO

Definitions

1. Number – actual number of animals taken.
2. Drainage/Area – river, creek, etc./local description (example - Columbia River/Vantage
3. County – county where taken.
4. Average number of traps used – average number of traps used for species and location.
5. Number of days trapped – number of days trapped for this species and location.

Did you trap for beaver? If so, please complete. YES NO

BEAVER

| Number | Drainage/area where trapped | County | Ave. no of traps used | Ave. no .of days trapped |
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Did you trap for muskrat? If so, please complete. YES NO

MUSKRAT

| Number | Drainage/area where trapped | County | Ave. no of traps used | Ave. no .of days trapped |
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Did you trap for river otter? If so, please complete. YES NO

RIVER OTTER

| Number | Drainage/area where trapped | County | Ave. no of traps used | Ave. no .of days trapped |
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Did you trap for mink? If so, please complete. YES NO

MINK

| Number | Drainage/area where trapped | County | Ave. no of traps used | Ave. no .of days trapped |
|--------|-----------------------------|--------|-----------------------|--------------------------|
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Did you trap for coyote? If so, please complete. YES NO

COYOTE

| Number | Drainage/area where trapped | County | Ave. no of traps used | Ave. no .of days trapped |
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Did you trap for raccoon? If so, please complete. YES NO

RACCOON

| Number | Drainage/area where trapped | County | Ave. no of traps used | Ave. no .of days trapped |
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Did you trap for bobcat? If so, please complete. YES NO

BOBCAT

| Number | Drainage/area where trapped | County | Ave. no of traps used | Ave. no .of days trapped |
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Did you trap for marten? If so, please complete. YES NO

MARTEN

| Number | Drainage/area where trapped | County | Ave. no of traps used | Ave. no .of days trapped |
|--------|-----------------------------|--------|-----------------------|--------------------------|
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