

**NEVADA DEPARTMENT OF WILDLIFE  
2020-2021 BOBCAT HARVEST REPORT FORM**

**In conformance with the Nevada Administrative Code 502.347, you must complete the following harvest report before any export seals shall be affixed to your bobcat pelts.**

**Please fill in the following as accurately as possible for all of your bobcat activity *BETWEEN THE DATE OF YOUR LAST REPORT AND THIS DATE.***

The reporting of this data helps protect **YOUR** resource. Please be accurate.

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY-STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CLIENT ID:** \_\_\_\_\_

| LOCATION HARVESTED   |        |           | Choose Method |      | # OF TRAP SETS USED | NUMBER OF DAYS TRAPPED | NUMBER OF BOBCATS CAUGHT |        |      |
|--|--------|-----------|---------------|------|---------------------|------------------------|--------------------------|--------|------|
| UNIT NO.   | COUNTY | MT. RANGE | SHOT          | TRAP |                     |                        | Male                     | Female | Unk. |
| More than one bobcat can go on the same line if location, traps sets used and number of trap days are all the same |        |           |               |      |                     |                        |                          |        |      |
|  |        |           |               |      |                     |                        |                          |        |      |
|  |        |           |               |      |                     |                        |                          |        |      |
|  |        |           |               |      |                     |                        |                          |        |      |
|  |        |           |               |      |                     |                        |                          |        |      |
|  |        |           |               |      |                     |                        |                          |        |      |
|  |        |           |               |      |                     |                        |                          |        |      |
| TOTALS   |        |           |               |      |                     |                        |                          |        |      |

**DEPARTMENT USE ONLY**

*No. of Pelts Sealed* \_\_\_\_\_ *No. of Jaws Collected* \_\_\_\_\_

*Seal #s* \_\_\_\_\_ *Region* \_\_\_\_\_

*Sealing Agent* \_\_\_\_\_ *Date* \_\_\_\_\_

*Submit to Regional office at the close of each pelt sealing date. Regional offices submit to Reno bi-weekly.*