

# Physical Incapacitation Waiver Form For Leashed Tracking Dog(s)

*This form must be filled out prior to the onset of tracking*

By filling out this form, you (the hunter) are providing a licensed tracker with the legal right to take and possess a wounded or dead big game animal, in order to return it to you.

Hunter Name: \_\_\_\_\_

Hunter Address: \_\_\_\_\_

Hunter Phone Number: \_\_\_\_\_

Species (deer, bear, moose): \_\_\_\_\_

Hunter License # \_\_\_\_\_ Species Tag # \_\_\_\_\_

*Hunter Signature:* \_\_\_\_\_

Licensed Tracker Name: \_\_\_\_\_

Leashed Dog Tracking License # \_\_\_\_\_

Tracking Start Date: \_\_\_\_\_ Tracking Start Time: \_\_\_\_\_

Tracking End Date: \_\_\_\_\_ Tracking End Time: \_\_\_\_\_

General Location of the Wounded Animal: \_\_\_\_\_  
\_\_\_\_\_

*Licensed Tracker Signature:* \_\_\_\_\_

Make additional copies as needed.