



# Algonquins of Ontario

## 2023/2024 MOOSE HARVEST QUESTIONNAIRE

This questionnaire is mandatory. Information gathered through this questionnaire is for the purpose of developing a more effective tool for the Algonquins of Ontario (AOO) in the development, management and assessment of the Algonquin Harvest. Any questions about the collection of this information should be referred to the AOO Consultation Office at the address below or your local Algonquin Negotiation Representative (ANR).

This questionnaire can be manually completed and submitted to your local ANR or the AOO Consultation Office:

Algonquins of Ontario Consultation Office  
31 Riverside Drive, Suite 101  
Pembroke ON K8A 8R6  
[algonquins@tanakiwin.com](mailto:algonquins@tanakiwin.com)

Alternatively, community members are encouraged to complete this questionnaire online through the following link: <https://forms.office.com/r/1j4CpV05mn>. This link will remain active between September 1, 2023 and January 22, 2024.

1. What is your name (First name, Last name): \_\_\_\_\_

2. What AOO community do you identify with?

- |   |  |
|---|--|
| <input type="checkbox"/> Antoine                      | <input type="checkbox"/> Ottawa                                  |
| <input type="checkbox"/> Kijicho Manito Madaouskarini | <input type="checkbox"/> Algonquins of Pikwakanagan First Nation |
| <input type="checkbox"/> Bonnechere                   | <input type="checkbox"/> Shabot Obaadjiwan                       |
| <input type="checkbox"/> Greater Golden Lake          | <input type="checkbox"/> Snimikobi                               |
| <input type="checkbox"/> Mattawa/North Bay            | <input type="checkbox"/> Whitney & Area                          |

3. What type of moose tag was allocated to you?

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Bow Cow  | <input type="checkbox"/> Rifle Cow  |
| <input type="checkbox"/> Bow Bull | <input type="checkbox"/> Rifle Bull |
| <input type="checkbox"/> Calf     |                                     |

4. What was your allocated moose tag number? \_\_\_\_\_

5. Was your moose tag filled?  Yes (fill in the table below)  No

Date Harvested	Wildlife Management Unit (WMU)	Harvest Location (nearest road, km, coordinates, private vs crown land)	Firearm Used (Bow, Rifle)

6. Please indicate the harvest method used:

Calling/Stalking  Still hunting  Tree stand  Other \_\_\_\_\_

7. Please complete the following table relating to your activities while harvesting moose.

Harvesting Days	September	October	November	December	January
# of harvest days and dates					
# of Indigenous harvesters in field					
# of moose seen while harvesting (include WMU)					

8. Comments: