SUBMISSION OF YOUR BEAR’S TEETH IS MANDATORY

The ages of harvested bears is vital information for maintaining a healthy bear population in Minnesota. The age of your bear can be determined by counting the rings in the root of the small tooth behind the canine (P1 in diagram A below). Extract this tooth before freezing or taking the bear to a taxidermist. The taxidermist is not responsible for submitting the tooth.

In this envelope find: survey form (see other side of these directions), ziplock bag, tissue paper.

- Cut the gum tissue around the small tooth behind the upper canine, then pry the tooth out with the root intact (see B below). Collect 2 teeth, one from each side of the upper jaw.
- Wash teeth to remove any tissue or blood.
- Place the teeth in the tissue paper, fold twice, and insert in the plastic ziplock bag.
- Answer the questions on the back of this card, making sure to include your MDNR #.
- Insert (1) this filled out card, (2) the plastic bag containing the 2 teeth, and (3) your license stub (all unfolded) into the white fiberboard envelope.
- Print your return address on the front, seal, and mail before the NOVEMBER 1 deadline.

If you submit at least 1 useable bear tooth (with intact root, used for aging) by this date, we will mail you a Minnesota Bear Management Cooperator patch and the age of your bear by May 15. Failure to submit a tooth (at all, or on time) from harvested bears is a violation. If you change your address, or have questions, let us know by calling 218-328-8874 or 8879.

If you are unable to obtain a bear tooth envelope from a bear registration station, please call the Minnesota DNR Forest Wildlife and Populations Research Group at 218-328-8872 or DNR Information Center at 651-296-6157 or 888-MINNDNR (646-6367) to request an envelope.

If you are still unable to obtain a bear tooth envelope, please follow these instructions. Clean the tooth thoroughly and place in a zip-lock bag, wrap tooth in tissue paper or aluminum foil. Mail in a padded envelope with all relevant information (include a copy of your bear registration info and the survey info on the following page) to: DNR Wildlife Research, Minnesota DNR, 1201 E. Highway 2, Grand Rapids, MN 55744. This type of envelope will require additional postage over a standard letter.

Thanks for your assistance.
Hunter MDNR# __________________________

If this was a nuisance bear, check appropriate box below:

☐ Hunter kill before season: zone __________________________
☐ Confiscated by DNR: name of official __________________________

Date bear was killed __________________________

Sex of bear (check one):  ☐ Male  ☐ Female

Color of bear (check one):  ☐ Black  ☐ Dark brown  ☐ Light brown

Dressed weight (only if actually weighed) __________________________

County where bear was killed: __________________________

Town nearest to where bear was killed: __________________________

  Miles______________ and direction ________________ from this town.

Town where bear was registered: __________________________

If bear had eartags or radio-collar, call: 218-328-8874 or 8879, and check below:

☐ Collar
☐ Tag numbers and colors: __________________________