



PRODUCER WOLF DEPREDATION COMPENSATION CLAIM APPLICATION

The Oregon Department of Agriculture’s (ODA) Wolf Depredation Compensation and Financial Assistance Grant Program complements the Oregon Department of Fish and Wildlife (ODF&W) Wolf Conservation and Management Plan in developing and maintaining a cooperative livestock producer assistance program that proactively minimizes wolf-livestock conflict and assists livestock producers experiencing wolf-related livestock losses.

Claimant Information

(The livestock or working dog owner who is filing a wolf depredation compensation claim.)

PRINTED NAME

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ADDRESS

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PHONE: HOME

CELL

WORK

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EMAIL

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Certification and Signature

By signing below, I certify that:

- 1) I am the claimant, or I represent the claimant listed on this document;
- 2) All information provided in the application is true and accurate to the best of my ability;
- 3) I understand the requirements of the Oregon Department of Agriculture's Wolf Depredation Compensation and Financial Assistance Grant Program. I am in full compliance with the program's requirements specified in OAR 603-019.

SIGNATURE

DATE

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Category 1 - Direct Loss Claims

Category 1 - ODFW Confirmed Direct Loss Claim Information

Complete the information below for confirmed ODFW losses.

Date	Quantity	Species	Age	Avg. Weight	Kill/Injury	Est. Fair Market Value
The total amount of direct loss compensation being requested:						\$

Are any of the above losses covered by insurance?

- Yes (If yes, please provide the following information)
 No

INSURANCE COMPANY	POLICY NUMBER	ANTICIPATED SETTLEMENT

Category 1 - ODFW Investigation Reports

DATE REPORTED TO ODFW	NAME OF ODFW INVESTIGATOR

BRIEF DESCRIPTION OF LOSS

Describe Method Used to Determine Value (provide documentation if applicable)

Is there a current ODFW Wolf-Conflict Deterrence Plan in effect at the location of your loss?

- Yes
- No
- Unknown

Please check the non-lethal wolf deterrent techniques that were being implemented during the date of this depredation incident and give a brief description of activities and frequencies:

- Reducing Attractants (removal of bone piles; carcass disposal)
- Barriers (fladry and fencing)
- Human Presence (range riders, hazers, herders, individual response)
- Guardian Animals (protection dogs, etc.)
- Alarm or Scare Devices (alarm systems, lights and sound devices)
- Livestock Management/Husbandry Changes (changing pastures, night feeding, changes in calving season and herd structure, etc.)
- Experimental Practices (bio-fencing, belling cattle, airman, etc.)
- Other - Please Describe

BRIEF DESCRIPTION OF NON-LETHAL WOLF DETERRENCE

Category 1 - Depredation Property Description

COUNTY

TOTAL GRAZING ACREAGE

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TOWNSHIP

RANGE

SECTION(S)

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Is the location designated as an "Area of Known Wolf Activity" (AKWA) by ODFW?

- Yes (If yes, please attach a current [AKWA map](#) showing the location of wolf depredation)
- No

Is the claimant the owner of the property where livestock loss occurred?

- Yes
- No (If leased, rented, or publicly owned, please provide the following information)

PROPERTY OWNER/MANAGER NAME

PROPERTY OWNER/MANAGER PHONE NUMBER

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Category 2 – Missing Claims

Category 2 - Missing Claims

Complete the information below for qualified missing claims

Date	Quantity	Species	Age	Avg. Weight	Kill/Injury	Est. Fair Market Value
The total amount of missing claim compensation being requested:						\$

Did all the above claims occur in an area of known wolf activity?

- Yes (If yes, please attach a current [AKWA map](#) showing the location of the last known site)
- No

Category 2 - Missing Property Description

COUNTY

TOTAL GRAZING ACREAGE

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TOWNSHIP

RANGE

SECTION(S)

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Is the claimant the owner of the property where livestock loss occurred?

- Yes
- No (If leased, rented, or publicly owned, please provide the following information)

PROPERTY OWNER/MANAGER NAME

PROPERTY OWNER/MANAGER PHONE NUMBER

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Category 2 – Missing Claim Report

Where was the missing livestock reported to the local ODA brand inspector?

- Yes (If yes, please provide the following information)
- No

ODA BRAND INSPECTOR NAME

ODA BRAND INSPECTOR PHONE NUMBER

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Is the current missing livestock claim above your typical/historical percentage of loss records for this herd/allotment/band?

- Yes (If yes, please provide the following information)
- No

Brief Description Current and Historical Loss Documentation/Data For Comparison Purposes

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Please mark those factors identified below that were considered for ruling out other possible causes of missing livestock: (include documentation when applicable)

- Expected losses from birthing complications that are normal when livestock are left unattended during the birthing process;
- Other possible diseases;
- Changes in herd management or stocking rates;
- Adverse weather conditions for the period in question;
- Livestock age – Natural causes of death are more common in older animals;
- Poisonous plants and other dangers in the area;
- History of theft in the area;
- History of other predators in the area;
- Other – Please Describe

Explain

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Please describe any evidence of wolf presence at the suspected area of the AKWA during the alleged date that your livestock went missing (i.e., tracks, scat, reported sighting data from ODFW, photos, or other governmental or private parties, VHF or GPS collar data, etc.)

BRIEF DESCRIPTION

Please indicate and describe the "best management practices to deter wolves" that you were implementing during the time your livestock went missing:

- Reducing Attractants (removal of bone piles; carcass disposal)
- Barriers (fladry and fencing)
- Human Presence (range riders, hazers, herders, individual response)
- Guardian Animals (protection dogs, etc.)
- Alarm or Scare Devices (alarm systems, lights and sound devices)
- Livestock Management/Husbandry Changes (changing pastures, night feeding, changes in calving season and herd structure, etc.)
- Experimental Practices (bio-fencing, belling cattle, airman, etc.)
- Other (Please Describe)

Category 3 - Non-lethal Preventative Techniques

Category 3 - Non-lethal Preventative Requests

Please identify the non-lethal measures you will be requesting funding for:

- Reducing Attractants (removal of bone piles; carcass disposal)
- Barriers (fladry and fencing)
- Human Presence (range riders, hazers, herders, individual response)
- Guardian Animals (protection dogs, etc.)
- Alarm or Scare Devices (alarm systems, lights and sound devices)
- Livestock Management/Husbandry Changes (changing pastures, night feeding, changes in calving season and herd structure, etc.)
- Experimental Practices (bio-fencing, belling cattle, airman, etc.)
- Other - Please Describe

Explain

Total Grant Funds Requested (\$)

Project State Date

Project End Date

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Project Description *(Including history on existing projects or estimated length for multi-year projects)*

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Has ODFW or USFW been consulted regarding the prevention project?

- Yes** *(If yes, please provide the following information)*
- No**

CONTACT NAME

CONTACT NUMBER

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