

State of Oregon Producer Wolf Depredation Compensation Claim Application

Claimant Information – <i>A claimant is the owner of the livestock or working dog who is filing a wolf depredation compensation claim.</i>			
Claimant Name			Date
Address		City	State Zip
Email Address		Home Phone	Cell Phone

Direct Loss Claim Information						
Date of Loss	No.	Species	Age	Weight	Kill/Injured	Est. Fair Market Value
10/12/20	2	Bovine Calves	8m both	225lbs both	Killed both	\$1,000 each - \$2,000 total

Total amount of direct loss compensation being requested: \$

Date reported to ODFW:	Name of ODFW Investigator:
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Brief description of loss:

Describe Method Used to Determine Value (Provide Documentation if applicable)

Is there a current ODFW Wolf-Conflict Deterrence Plan in affect in the location of your loss?	Y	N	Unk
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Direct Loss Claim Information Cont.
Please check the non-lethal wolf deterrent techniques that were being implementing during the date of this depredation incident and give a brief description of activities and frequencies:
<input type="checkbox"/> Reducing Attractants (Removal of bone piles; carcass disposal) <input type="checkbox"/> Barriers (Fladry and Fencing) <input type="checkbox"/> Human Presence (Range Riders, Hazers, Herders, Individual Response) <input type="checkbox"/> Guardian Animals (Protection Dogs, etc.) <input type="checkbox"/> Alarm or Scare Devices (Alarm Systems, Lights and Sound Devices) <input type="checkbox"/> Livestock Management/Husbandry Changes (Changing pastures, night feeding, changes in calving season and herd structure, etc.) <input type="checkbox"/> Experimental Practices (Bio-fencing, belling cattle, airman, etc.) <input type="checkbox"/> Other (Please describe) <input type="checkbox"/> None
Description:

Direct Loss Claim - Insurance Information		
Is animal covered by insurance?	Yes	No
<i>If insured, please provide a copy of your declaration page(s) and the following information:</i>		
Will you or have you submitted a claim to an insurance company for this loss?	Yes	No
Insurance Company Name	Insurance Policy Number	Anticipated Settlement Date

Direct Loss Claim - Depredation Property Description			
Township:	Range:	Section(s):	County: Total Grazing Acreage:
Is location designated as an "Area of Known Wolf Activity," (AKWA) by ODFW		Yes	No
If yes, <i>please attach a current AKWA map showing location of wolf depredation.</i>			
Is claimant owner of the property where livestock loss occurred?		Yes	No
Is the property: Leased ___ Rented___	Is the property publicly owned?	Yes	No
<i>If leased, rented, or publicly owned, please provide the following information:</i>			
Name of property owner:		Property Owner Phone Number:	

Non-Lethal Prevention Assistance Claim Information

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, bellling cattle, airman, etc.)
- Other None

Grant Funds Requested \$	Project Start Date:	End Date:
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If the project is long-term, indicate the estimated number of years for the project:

If this is an existing project, indicate the year this project began:

Project Description:

Has ODFW or USFWS been consulted regarding prevention project?	Yes	No
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If yes, please provide name and phone number of person consulted:

Name:	Phone#:
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Name:	Phone#:
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Missing (Indirect) Livestock Claim Information

Date of Loss	No.	Species	Age	Weight	Est. Fair Market Value
10/12/20	2	Bovine Calves	8m both	225lbs both	\$1,000 each - \$2,000 total

Total amount of missing livestock compensation being requested: \$

Missing Livestock Claim - Property Description				
Did livestock go missing within an "Area of Know Wolf Activity" (AKWA) designated by ODFW? Yes No				
If yes, please <u>attach a copy of most current AKWA map depicting where livestock went missing</u>				
Township:	Range:	Section(s):	County:	Total Grazing Acreage:
Is claimant owner of the property where livestock loss occurred?			Yes	No
Is the property leased or rented?		Leased	Rented	
Is the property publicly owned?			Yes	No
<i>If leased, rented, or publicly owned, please provide the following information:</i>				
Name of property owner:			Property Owner Phone Number:	

Missing Livestock Claim Information Cont.		
Has missing livestock been reported to local ODA Livestock Brand Inspector? Yes No		
If yes, please provide name and number of Brand Inspector:		
Is current missing livestock claim above your normal/historical percentage of loss records for this particular allotment or pasture?		Yes No
<i>If yes, please provide current and historical loss documentation/data for comparison purposes.</i>		
Please mark those factors identified below that were considered for ruling out other possible causes of missing livestock: (include documentation when applicable)		
<input type="checkbox"/> Expected losses from birthing complications that are normal when livestock are left unattended during birthing process <input type="checkbox"/> Possible diseases <input type="checkbox"/> Changes in herd management or stocking rates <input type="checkbox"/> Adverse weather conditions for period in question <input type="checkbox"/> Livestock age – Natural causes of death are more common in older animals <input type="checkbox"/> Poisonous plants and other dangers in the area <input type="checkbox"/> History of theft in the area <input type="checkbox"/> History of other predators in the area <input type="checkbox"/> Other – Explain:		

Missing Livestock Claim Information Cont.

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

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

Brief Description:

Claim Certification

I certify that this claim application is a true and accurate representation of the reported livestock and working dog related losses and/or prevention activities and projects that will be performed if funds are awarded by this County Wolf Advisory Committee from the Oregon Department of Agriculture’s Wolf Depredation Compensation and Financial Assistance County Block Grant Program. By the following signature, the Claimant certifies that they are aware of the requirements of the Oregon Department of Agriculture’s Wolf Depredation Compensation and Financial Assistance County Block Grant Program and are in full compliance with the requirements of the program specified in OAR 603-019.

Claimant Signature: _____ Date: _____

Print Name: _____