OREGON DEPARTMENT OF AGRICULTURE
Protect. Promote. Prosper.

Wolf Depredation Compensation Program
635 Capitol St NE, Salem, OR 97301-2532
503.986.4550 | Oregon.gov/ODA

CATEGORY 1 – DIRECT LOSS CLAIM APPLICATION

Claimant information – livestock/working dog owner completing this form	
Name:	
Mailing Address:	
City:	ZIP:
Home Phone No:	Cell Phone No:
Email:	

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.

Applicant signature: _____ Date: _____

Complete information below for ODFW confirmed losses.

Date	Quantity	Species	Age	Ave. Weight	Killed/Injured	Est. Fair Market Value
Total amount of direct loss compensation being requested:						**$**

Are any of the above losses covered by insurance?

☐ Yes (If yes, provide the insurance information below.)
☐ No

Insurance Company	Policy No.	Anticipated Settlement

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

Check each of 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 (remove of bone piles, carcass disposal)
- ☐ Barriers (flady 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 changers (changing pastures, night feeding, changes in calving season and herd structure, etc.)
- ☐ Experimental practices (bio-fencing, belling cattle, airman, etc.)
- ☐ Other

Brief description of non-lethal wolf deterrence

Depredation Property Description		
County	**Total grazing acreage**	
Township	**Range**	**Section**

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

- ☐ Yes (If yes, 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, provide the information below.)

Property owner/manager name	**Property owner/manager phone no.**

Please return completed application by January 31 to:

Union County
1106 K Avenue
La Grande, OR 97850
541-963-1001

Or email to:
apowers@union-county.org
If emailing, please ensure delivery confirmation.