



**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

## PREVENTION 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: \_\_\_\_\_

### Identify the non-lethal measures you are requesting funding for:

- ☐ Reducing attractants (removal of bone piles, carcass disposal)
- ☐ Barriers (fladry and fencing)
- ☐ Human presence (range riders, hazers, herders, individual response)
- ☐ 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

### Explain

Total grant funds requested (\$)

Project state date

Project end date

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, provide the information below)
- ☐ No

<b>Contact Name</b>	<b>Contact Number</b>
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