

Protect. Promote. Prosper.

CATEGORY 2 – MISSING CLAIMS APPLICATION

| Claimant information – livestock/working dog owner completing this form | | | | | | | | | |
|--|---|--------------|-------------|-------------|------------|----------------|-----------|------------------------------|-----|
| Name: | | | | | | | | | |
| Mailing Address | 5: | | | | | | | | |
| | | | | | | | | | |
| City: | | | | | ZII | P: | | | |
| ' | | | | | | | | | |
| Home Phone No | o: | | | | Ce | ll Phone No: | | | |
| Email: | | | | | | | | | |
| | | | | | | | | | |
| Certification and Signature | | | | | | | | | |
| By signing below, I certify that: | | | | | | | | | |
| | I am the claimant, or I represent the claimant listed on this document. | | | | | | | | |
| | | | | | | | | | |
| 3. I understand the requirements of the Oregon Department of Agriculture's Wolf Depredation Compensation and | | | | | | | | | |
| Financi | ial Assistance | Grant Progra | m. I am in | full compl | ance wi | th the progra | am's requ | irements specified in OAR 60 |)3- |
| 019. | | | | | | | | | |
| | | | | | | | | | |
| Applicant sign | ature: | | | Date: | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | • | 1.6. 1 | | | |
| Data | 0 | | | | - | alified missi | _ | | |
| Date | Quantity | Species | Age | Ave. We | eignt | Killed/Inju | irea | Est. Fair Market Value | |
| | | | | 1 | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total amount o | f missing cla | im compensat | ion being r | requested | | | | \$ | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | • | - 1- | | | |
| Did all of the abov | | | | | | - | | | |
| • • • | s, attach <u>a curr</u> | ent AKWA map | showing the | location of | wolf de | predation.) | | | |
| □ No | | | | | | | | | |
| | | | Missin | g Propert | v Desc | rintion | | | |
| County | | | 141122111 | - | • | razing acreag | 70 | | |
| County | | | | | i Otai gi | uzilig aci cag | ,c | | |
| Township | | Range | | | Section(s) | | | | |

| Is the claimant the owner of the property where live Yes No (If leased, rented, or publicly owned provide | | | | | |
|--|---|--|--|--|--|
| Property owner/manager name | Property owner/manager phone no. | | | | |
| Was the missing livestock reported to the local ODA ☐ Yes (If yes, provide the information below.) ☐ No | brand inspector? | | | | |
| ODA brand inspector name | ODA brand inspector phone no. | | | | |
| Is the current missing livestock claim above your typ ☐ Yes (If yes, provide the information below.) ☐ No | pical/historical percentage of loss records for this herd/allotment/band? | | | | |
| Brief description of current and historical loss docu | umentation/data for comparision purposes | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (include documentation when applicable) | n question. more common in older animals. | | | | |
| Explain | | | | | |
| | | | | | |
| Describe any evidence of wolf presence at the suspected area of the AKWA during the alleged date your livestock went missing – ie. tracks, scat, reported sighting data from ODFW or other governmental or private parties, photos, VHF or GPS collar data, etc. | | | | | |
| Brief description | | | | | |

| | Indicate and describe the "best management practices to deter wolves" that you were implementing during the time your | | | | | | | |
|-------------------|--|--|--|--|--|--|--|--|
| livestoc | k went missing: | | | | | | | |
| | 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 | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |