

**State of Oregon**  
**Producer Wolf Depredation Compensation Claim Application**

**APPLICATION DEADLINE: DECEMBER 1ST**

**Submit Reimbursement Requests To:**

Baker County Commissioners  
Attn: Christina Witham  
1995 Third Street  
Baker City, OR 97814  
Ph.: 541-523-8200  
Fax: 541-523-8201  
Email: [cwitham@bakercountyor.gov](mailto:cwitham@bakercountyor.gov)

**Claimant Information** – *A claimant is the owner of the livestock or working dog who is filing a wolf depredation compensation claim.*

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:

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:

### 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

None

Description:

### Direct Loss Claim - Insurance Information

Is animal covered by insurance?	Yes	No

*If insured, please provide a copy of your declaration page(s) and the following information:*

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:
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Is location designated as an "Area of Known Wolf Activity," (AKWA) by ODFW Yes No  
(If yes, please attach a current AKWA map showing location of wolf depredation)

Is claimant owner of the property where livestock loss occurred?	Yes	No

Is the property: Leased		Rented	Is the property publicly owned?		Yes	No
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*If leased, rented, or publicly owned, please provide the following information:*

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)(Must fill out Exhibit A)

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.)(Must fill out Exhibit A)

Experimental Practices ( Bio-fencing, bellling cattle, airman, etc.)

Other

Grant Funds Requested \$

Project Start Date:

End Date:

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

If yes, please provide name and phone number of person consulted:

Name:

Phone#:

**Missing (Indirect) Livestock Claim Information (Must fill out Exhibit B)**

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 missing livestock compensation being requested: \$



**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, bellling 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: \_\_\_\_\_

## **EXHIBIT “A”**

### **Range Rider**

1. This program will reimburse livestock owners up to 50% of the costs associated with the use of a Range Rider or based on available funds. Funding of the reimbursement program is strictly dependent upon the number of producers participating in the program and the funds available. This is a first come, first serve program. In order to address both State of Oregon and Baker County rules and regulations, the following items must be met:
  - Return the completed Range Rider form (Exhibit A) to Baker County by **December 1<sup>st</sup>**.
  - Indicate on the “Area of Known Wolf Activity” map where the Range Rider rode.
  - Attach additional maps, such as an allotment map or private land map, that show a closer look at the areas where the Range Rider rode.
  - Attach a receipt showing payment made to the Range Rider. The receipt must include the name of the rider, the dates of service and the dollar amount paid.

<b>Section A: Livestock Owner Contact Information</b>					
Business/Owner Name				Phone Number	
Contact Name (if different from above)				Phone Number	
Business Mailing Address					
City		State		Zip	
Email Address					

<b>Section B: Range Rider Contact Information</b>					
Name					
Home Number				Cell Number	
Mailing Address					
City		State		Zip	
Email Address					

Using the space provided below, list the date(s) and time(s) that the range rider rode. Include as much detail as possible including any and all wolf observations such as wolf tracks, howling, alert messages, etc.. Use the attached, “Area of Known Wolf Activity” map to indicate the general area you rode and include allotment or private property maps that show more detailed areas that were covered. Attach additional pages as needed.

<b><u>Date</u></b>	<b><u>Time</u></b>	<b><u>Area Covered</u></b>	<b><u>Observations</u></b>


### Section C: Range Rider Signature

By signing, I acknowledge that I rode the areas described above and the information presented is accurate.

Signature		Date	
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### Section D: Livestock Owner Signature

By signing, I acknowledge that the range rider listed above performed the services described and was compensated for those services. I also confirm that the range rider listed is not an employee nor a family member. My signature also indicates that I understand that reimbursement is on a first come, first serve basis that is dependent upon available funding from the State and County. I have attached a receipt and I understand that I will only be reimbursed for 50% of the amount listed.

Signature		Date	
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**EXHIBIT "B"**  
**CALF Livestock Number Verification**

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Livestock Owner      Name: \_\_\_\_\_  
                                 Address: \_\_\_\_\_  
                                 City, State, Zip : \_\_\_\_\_  
                                 Phone Number: \_\_\_\_\_

<b>Date Counted</b>			
Number of:	<b>Cows</b>		
	<b>Bulls</b>		
	<b>Ewes</b>		
	<b>Calves</b>		
	<b>Yearlings</b>		
	<b>Lambs</b>		
<b>Livestock Counted by</b>			
<b>Name:</b>			
<b>Address:</b>			
<b>City, State, Zip</b>			
<b>Phone Number</b>			
<b>Affiliation to owner</b>			

Livestock brand: \_\_\_\_\_

Normal death loss for this pasture: \_\_\_\_\_

Actual death loss this year: \_\_\_\_\_