

WASCO COUNTY
WOLF DEPREDAATION COMPENSATION APPLICATION

Applicant Information (please print or type)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

Loss Information (If more space is needed, please attach a separate sheet of paper.)

Date of injury, death or loss: _____

Type of livestock or dog: _____

Number of animals in this claim: _____

Market value received for uninjured comparable animal? \$ _____

Age of Animal(s): _____

Location of Depredation: _____

Was injury/death confirmed by ODFW to be caused by wolf depredation? Yes No

Please attach a copy of the ODFW report.

I did not unreasonably or purposefully create circumstances that attracted wolves or encouraged conflict between wolves and livestock or working dogs, excluding accepted normal husbandry and grazing activities. (initials) _____

The following information is required if depredation occurred in area of known wolf activity:

Did you implement some type of wolf deterrents? Yes No

If "yes," what actions did you take (installed fladry, increased checks on livestock, etc.) and if no explain why (wolves were not in area, etc.)

Signature of applicant: _____

INJURY TO LIVESTOCK AND WORKING DOGS QUESTIONNAIRE

	ANIMAL #1	ANIMAL #2	ANIMAL #3	ANIMAL #4	ANIMAL #5
SPECIFY LIVESTOCK OR DOG					
AGE					
BREED/TYPE					
PURPOSE OF LIVESTOCK OR DOG (RIDING, 4H, PACKING, ETC)					
WHAT DO YOU THINK LIVESTOCK OR DOG IS WORTH?					
DOLLAR AMOUNT OF VETERINARY BILL/NAME OF VETERINARIAN					
DOLLAR AMOUNT OF MEDICAL SUPPLIES AND MEDICINE FOR INJURY.					
DIAGNOSIS AND PROGNOSIS OF INJURY.	<div style="display: flex; justify-content: space-between; height: 100px;"> DIAGNOSIS AND PROGNOSIS OF INJURY. </div>	<div style="display: flex; justify-content: space-between; height: 100px;"> DIAGNOSIS AND PROGNOSIS OF INJURY. </div>	<div style="display: flex; justify-content: space-between; height: 100px;"> DIAGNOSIS AND PROGNOSIS OF INJURY. </div>	<div style="display: flex; justify-content: space-between; height: 100px;"> DIAGNOSIS AND PROGNOSIS OF INJURY. </div>	<div style="display: flex; justify-content: space-between; height: 100px;"> DIAGNOSIS AND PROGNOSIS OF INJURY. </div>

FOR COMMITTEE USE

Fair Market Value: _____ FMV: _____

Did incident occur in area of known wolf depredation: Yes No

Recommended Action

Committee Decision:

Livestock 1

Livestock2

Conservation 1

Conservation 2

Business 1

Business 2

Chair

Date of Review



WASCO COUNTY
WOLF DEPREDAATION COMPENSATION RATES
2014

Description	Lb./Head	Rate
Spring calf still on the cow	Will consider it to be a 600 lb. animal	Monthly four week average (week of death or injury) plus three previous weeks from: Central Oregon Livestock Auction
Fall calf still on the cow	Will consider it to be a 800 lb. animal	Monthly four week average (week of death or injury) plus three previous weeks from: Central Oregon Livestock Auction
Heifer calf – weaned	Use the 800 lb. rate plus \$300	Monthly four week average (week of death or injury) plus three previous weeks from: Central Oregon Livestock Auction
Open replacement weaned heifers	Market Value	
Yearling Class Cattle	Market Value	
2-5 year old cow	Market Value	
6-8 year old cow	Market Value	
Ram, ewe, lamb, feeder sheep	Market Value	Central Oregon Livestock Auction
Mule, horse, llama, working dog, swine, bison, alpaca, goat, domesticated fowl, ratites, jackasses, other		Based on a case-by-case basis taking into consideration factors such as use of animal, fair market value, less age and health determination deduction.
Transportation of Carcass(es) to Wasco County Landfill	50¢ per mile	
Payment of Landfill Fee to bury carcass(es)	\$20	

Compensation rates may vary depending on time of year of loss. Rates will be established using weekly livestock sales report from Central Oregon Livestock Auction as determined at the discretion of the committee.

WASCO COUNTY
WOLF DEPREDATION PREVENTATIVE FINANCIAL ASSISTANCE

Applicant Information (please print or type)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

Financial Assistance for Livestock Management and Nonlethal Wolf Deterrence Techniques.

Briefly describe what livestock management techniques or nonlethal wolf deterrence techniques you want to implement? For example, install flandry, increase checks on livestock, fencing, etc.

Have you used these techniques before? Yes No. If yes, please describe location.

Have you used any other wolf deterrence techniques? Yes No. If yes, please list wolf deterrence methods previously used.

Describe location where techniques will be implemented.

Describe your livestock and general business operations. For example, number of livestock, type of livestock and size of business/operation.

What date do you want to implement techniques? _____

Total estimated cost of livestock management or nonlethal deterrence techniques: \$ _____

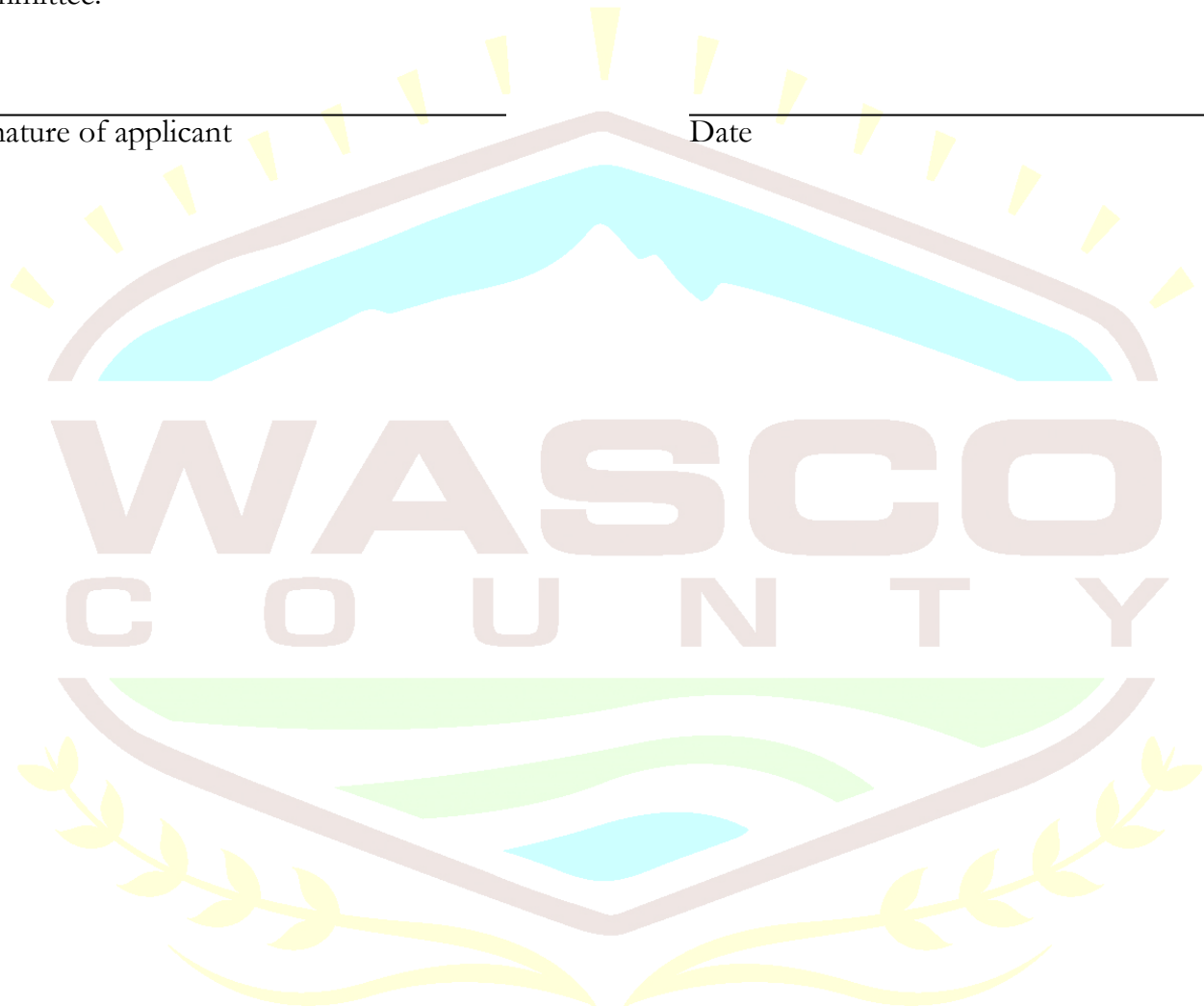
Source of cost estimate – attach bid, quote or other documentation of cost.

Dollar amount of financial assistance being requested: \$ _____

By signing below, Applicant acknowledges that County must consult with ODFW on location and deterrence method(s) applied before awards are given. Applicant agrees that if an award is mad, Applicant will cooperate with County and provide receipts and other follow-up information, documents or site reviews to assure that the techniques were implemented. Applicant may be asked to orally present financial assistance request to the Wasco County Wolf Depredation Compensation Committee.

Signature of applicant

Date



For Committee Use

Is there supporting material for decision? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommend funding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount of funding recommended: \$ _____	
Signature of Chair: _____	Date: _____