

Name of Claimant: _____

Telephone Numbers: Home: _____ Cellular: _____

Mailing Address (P.O. Box, RR, etc.): _____

Town, City: _____ Postal Code (required): _____

Email Address: _____

Location of Loss: Qtr _____ S _____ T _____ R _____ W _____

Utm: _____

Date Loss Discovered: _____

Reported by: _____ Date Reported: _____

Reported to: _____

Dead Livestock:

Age: _____ Sex: _____ Weight: _____ Number Killed: _____

Age: _____ Sex: _____ Weight: _____ Number Killed: _____

Injured Livestock:

Age: _____ Sex: _____ Weight: _____ Number Injured: _____

Age: _____ Sex: _____ Weight: _____ Number Injured: _____

Sex: e.g. Steer, Heifer, Cow, Bull, Bred Cow, Bred Heifer, Ram, Ewe, Lamb, Kid

This section is only for cattle less than one year of age:

-Process claim at time of loss with minimum payment of \$400.00 for confirmed kill

-Process claim using a weight of 550 lbs and based on the average price determined by Canfax for the month of October

Livestock is: Insured Not Insured

Salvage Value of Injured Livestock: \$ _____

Claimant's Signature Date

ENFOR#: _____ Date Received: _____ Date Investigated: _____

Investigator's Report: (additional information to be recorded in Enfor report and attached)

All questions on the form are required to be completed:

Were bite marks or lacerations found? Yes No Unable to Determine

Was hemorrhaging found in the immediate vicinity of the bite marks? Yes No Unable to Determine

Location of the attack marks - Check all that apply

Head Throat Withers or Shoulders

Neck Back Flank

Hindquarters (may) include tail and groin Other (specify) _____

Were tracks found in the vicinity of the kill? Yes No Specify species: _____

Was there evidence of a struggle at the attack location? Yes No Unable to Determine

Was there evidence of blood at the site? Yes No Unable to Determine

Were photographs taken? Yes No
If yes, send to Regional Problem Wildlife Specialist

In your opinion were the injuries on the livestock inflicted by a predator? Yes No Unable to Determine

If yes, did these injuries result in the death of the animal? Yes No

If no, are there costs associated with the treatment of the animal? (Include copies of veterinary invoices) Yes No

Insufficient evidence for a determination

Predator Responsible: _____

Control Action Taken: Yes No

Name and Title of Investigator: _____ Telephone Number: _____

Date: _____ Signature: _____ If applicable, the names of persons having confirmed losses within 10 kms from location and 90 days from date of claim.

For Office Use Only - DO NOT Write In This Area

Approved Confirmed Probable Rejected Total Value: _____

Date: _____