



Compensation Claim for Livestock Destroyed by Wolf

(\$100 minimum, \$20,000 maximum, claim per livestock owner per fiscal year)

Claim # _____

ENTITY INFORMATION

INVESTIGATOR INFORMATION

ENTITY NAME (PRINT)			INVESTIGATOR NAME AND TITLE (PRINT)		
MAILING ADDRESS			PHONE		DATE OF COMPLAINT
CITY	STATE	ZIP	TYPE OF COMPLAINT		
PHONE			CONTACTED BY		
COUNTY WHERE DEPREDEATION OCCURRED		UTM COORDINATE OF PROPERTY E N		OR →	LEGAL DESCRIPTION OF DEPREDEATION SITE T R S

WAS THE LIVESTOCK COVERED BY INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, POLICY # _____		
INSURANCE AGENT NAME		PHONE
ADDRESS		
CITY	STATE	ZIP
EVIDENCE LEADING CLAIMANT TO BELIEVE THE LIVESTOCK WAS DESTROYED BY WOLF		

Note: The data on this form will be used to process your application for compensation. Minnesota Statutes section 270C.65 requires that you provide us with your social security number, federal or state tax identification number. If you do not provide a tax I.D. number we will be unable to process your request. Supplying these numbers could result in action to collect delinquent taxes owed to the State of Minnesota. Your social security number, if provided, is private information. No one will have access to it except those permitted access by law including the Minnesota Department of Revenue, by your written consent, by a court order, or by those state and department employees whose job duties require access. If you are unsure if you need a Minnesota Tax ID, contact the Minnesota Department of Revenue at www.taxes.state.mn.us.

I certify that the information included on this claim is true and accurate; and to the best of my knowledge all livestock for which compensation is claimed was destroyed by wolf.

SIGNATURE, Livestock Owner

DATE

SS# OR MN AND FEDERAL TAX ID#

Determination of Livestock Loss and Compensation Award to be Completed by Investigator

NUMBER	SPECIES	DESCRIPTION OF LIVESTOCK	AGE	WEIGHT	REGISTERED PUREBRED?	TOTAL FAIR MARKET VALUE DETERMINED (BY COUNTY EXTENSION EDUCATOR)
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	

YES NO 1. WAS THE CARCASS(ES) OR INJURED LIVESTOCK FOR WHICH COMPENSATION IS CLAIMED SEEN BY INVESTIGATOR AND DO SUCH REMAINS APPEAR TO BE CONSISTENT WITH THE CLAIMS MADE?

YES NO 2. IS THERE EVIDENCE AT THE SITE THAT THE LIVESTOCK WAS KILLED?

YES NO 3. WAS THE LOSS REPORTED TO AN INVESTIGATOR WITHIN 48 HOURS OF DISCOVERY?

YES NO 4. WAS USDA WILDLIFE SERVICES (218-327-3350) NOTIFIED WITHIN 48 HOURS THAT AN INVESTIGATION WAS INITIATED.

YES NO 5. WAS THE LOSS CAUSED BY A WOLF?

FACTORS TO CONSIDER IN THE INVESTIGATION:

YES NO UNSURE A. WOLF TRACKS AND/OR SCAT PRESENT

YES NO UNSURE B. MARKS OR WOUNDS CONSISTENT WITH A WOLF ATTACK.

YES NO UNSURE C. BONES OR OTHER PHYSICAL REMAINS, IF PRESENT, APPEAR TO BE OR AN AGE CONSISTENT WITH TIME DEPREDEATION OCCURRED.

<input type="checkbox"/> CLAIM RECOMMENDED FOR PAYMENT THE ABOVE DESCRIBED LOSS OCCURRED AND THE EVIDENCE INDICATES THE LIVESTOCK WAS LIKELY KILLED OR INJURED BY A WOLF/WOLVES.	THE ABOVE CALCULATED ACTUAL FAIR MARKET VALUE FOR THE DESCRIBED LIVESTOCK IS ACCURATE.	
	SIGNATURE, <i>Extension Educator</i>	DATE
	PRINTED NAME	PHONE

Submit this *Form* to: Minnesota Department of Agriculture
 Animal Damage Claims
 625 Robert St. N.
 St. Paul, MN 55155-2538

To be Completed by the Minnesota Department of Agriculture:

VENDOR #	REQUISITION #
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APPROVED FOR PAYMENT

Claim Total \$ _____

Less Insurance/Other Compensation \$ _____

TOTAL Claim Reimbursement . . \$ _____

 AUTHORIZING SIGNATURE

 DATE