

compensation is claimed was destroyed by wolf.

625 ROBERT STREET NORTH, SAINT PAUL, MN 55155-2538 WWW.MDA.STATE.MN.US

Plant Protection, Ph: 651-201-6020, MN\_MDA\_elkandwolf@state.mn.us

Minn. Stat. 3.737, MN Rules Chapter 1515

Claim #

## Compensation Claim for Livestock Destroyed by Wolf

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

**Claimant Information** (fill out completely) **Investigator Information** Entity Name (Print) Investigator Name and Title (Print and fill out completely) Date of Complaint **Mailing Address** City Type of Complaint Zip Phone **Email** Contacted by County Where Depredation Occurred **UTM Coordinate of Property** Or  $\rightarrow$ Legal Description of Depredation Site YES Was the livestock covered by insurance? NO if yes, policy # Insurance Agent Name Have you received compensation for this loss from any other source? if yes, Amount \$ Evidence Leading Claimant to Believe the Livestock was Destroyed by Wolf If this is the first claim you have filed, or the first claim in several years, you will need to submit a W9 in order for payment to be made. Signature, Livestock Owner / Date \_ I certify that the information included on this claim is true and accurate; and to the best of my knowledge all livestock for which

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

List each animal confirmed as lost to wolves individually when practical. If it is not practical to list them separately, then indicate the number lost in that column.

Number	Species	Description of Livestock	Age	Weight	Regist Pureb		_	tal Fair Market Value Determined (By County Extension Educator)
					Yes	No		
					Yes	No		
					Yes	No		
					Yes	No		
					Yes	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?						n		pove calculated actual fair market for the described livestock is accur
Yes I		!. Is there evidence at the site that the livestock was killed?					Signa	ture, Extension Educator
Yes 1	No 3. Was	the loss reported to an investigator with	nin 48 hours	of discovery?				
Yes 1	No 4. Was usda wildlife services (218-327-3350) notified within 48 hours that an investigation was initiated.						Date	
actors to co		ne investigation:						
Yes 1	No Unsure a. Wolf tracks and/or scat present.							
Yes 1		Unsure b. Marks or wounds consistent with a wolf attack.						ed Name
Yes 1	No Uns	ure c. Bones or other physical remains, consistent with time depredation		ppear to be o	or an age			
Yes Cla	im Recomm	ks likely caused by wolf? nended for Payment the above described vestock was likely killed or injured by a w		d and the evi	dence		Date	
No Cla	im NOT Rec	ommended for Payment because:						
								Submit this Form to:
							M	innesota Department of Agricultur Animal Damage Claims 625 Robert St. N. St. Paul, MN 55155-2538
gnature of	f Investigato	r / Date				_		
o be Coi	mpleted	by the Minnesota Departmen	t of Agric	ulture:				
Vendor #				Loc#				
PO#				PO Line				

Vendor #	Loc#
PO#	PO Line

**Approved for Payment** Claim Total \$

Less Insurance/Other Compensation \$

**TOTAL Claim Reimbursement \$** 

Authorizing Signature / Date \_