



**OREGON
DEPARTMENT OF
AGRICULTURE**

Protect. Promote. Prosper.

Wolf Depredation Compensation Program
635 Capitol St NE, Salem, OR 97301-2532
503.986.4550 | Oregon.gov/ODA

CATEGORY 1 – DIRECT LOSS CLAIM APPLICATION

Claimant information – livestock/working dog owner completing this form

Name:

Mailing Address:

City:

ZIP:

Home Phone No:

Cell Phone No:

Email:

Certification and Signature

By signing below, I certify that:

1. I am the claimant, or I represent the claimant listed on this document.
2. All information provided in the application is true and accurate to the best of my ability.
3. I understand the requirements of the Oregon Department of Agriculture's Wolf Depredation Compensation and Financial Assistance Grant Program. I am in full compliance with the program's requirements specified in OAR 603-019.

Applicant signature: _____ Date: _____

Complete information below for ODFW confirmed losses.

Date	Quantity	Species	Age	Ave. Weight	Killed/Injured	Est. Fair Market Value
Total amount of direct loss compensation being requested:						\$

Are any of the above losses covered by insurance?

- ☐ Yes (If yes, provide the insurance information below.)
☐ No

Insurance Company

Policy No.

Anticipated Settlement

ODFW Investigation Reports	
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 effect at the location of your loss?

- ☐ Yes
☐ No
☐ Unknown

Check each of the non-lethal wolf deterrent techniques that were being implemented during the date of this depredation incident and give a brief description of activities and frequencies:

- ☐ Reducing attractants (remove of bone piles, carcass disposal)
☐ Barriers (flady 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 changers (changing pastures, night feeding, changes in calving season and herd structure, etc.)
☐ Experimental practices (bio-fencing, belling cattle, airman, etc.)
☐ Other

Brief description of non-lethal wolf deterrence

--

Depredation Property Description		
County		Total grazing acreage
Township	Range	Section

Is the location designated as an Area of Known Wolf Activity (AKWA) by ODFW?

☐ Yes (If yes, attach [a current AKWA map](#) showing the location of wolf depredation.)

☐ No

Is the claimant the owner of the property where livestock loss occurred?

☐ Yes

☐ No (If leased, rented, or publicly owned, provide the information below.)

Property owner/manager name	Property owner/manager phone no.
-----------------------------	----------------------------------