Government of Alberta
Sustainable Resource Development

Wildlife Predator Compensation Claim

Name of Claimant: ____________________________

Phone 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 _______

Date Loss Discovered: _______________________________ Date Reported: __________

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 a 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: ______________

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 ☐ Unable to Determine ☐

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: __________________________

Send Original to Regional Problem Wildlife Specialist

Copy to Claimant ☐

Approved ☐ Confirmed ☐ Probable ☐ Rejected ☐ Total Value: __________________________ Date: ______________

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