

DEPREDAATION REPORT FORM

| | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------|--|-------------|---------------------------------|----------------------|----------|-----------|------------|--------|--------|--------|--|------|--|-----|--|--------|--|
| Resource Owner: | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | | | | | | | | | |
| Phone: | | County: | | Ranch Name: | | | | | | | | | | | | | | | |
| SITE DESCRIPTION: | | | | | | | | | | | | | | | | | | | |
| Nearest Town: | | | | | Allotment Name (if applicable): | | | | | | | | | | | | | | |
| Approximate Location: | | | | | | | | | | | | | | | | | | | |
| Coordinates: | UTMN: | | | | UTME: | | | | | | | | | | | | | | |
| Elevation: | | | | Slope %: | | | Aspect: | | | | | | | | | | | | |
| Vegetative Cover: | | | | | | | | | | | | | | | | | | | |
| Topography (riparian, S. slope, bench, etc.): | | | | | | | | | | | | | | | | | | | |
| General Description of Area: | | | | | | | | | | | | | | | | | | | |
| Date Complaint Received: | | | | | Date Investigated: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Land Ownership: | | Private | | FS | | BLM | | State | | Tribal | | Other: | | | | | | | |
| Type of animal: | | Sheep | | Lamb | | Bull | | Cow | | Calf | | Horse | | Colt | | Dog | | Other: | |
| Number of Selected Animal: | | | | | | | | | | | | | | | | | | | |
| Damage Type: | | Killed | | Injured | | Harassment | | Stillborn | | Other: | | | | | | | | | |
| Breed: | | | | | | | | | | | | | | | | | | | |
| Ear Tag Number: | | | | | | | | | | | | | | | | | | | |
| Sex: | | | | | | | | | | | | | | | | | | | |
| Estimated time since death or injury: | | | | | | | | | | | | | | | | | | | |
| Estimated Age of Resource: | | | | | | | | | | | | | | | | | | | |
| Are there other livestock in the area? | | | | | Yes | | | No | | | | | | | | | | | |
| Describe (how many, behavior, composition, distance from mortality). | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| EVIDENCE: | | | | | | | | | | | | | | | | | | | |
| Detection Method: | | Report from owner | | | | Birds | | Other: | | | | | | | | | | | |
| Carnivore Tracks Present: | | Mexican Wolf | | | Coyote | | Mt. Lion | | Black Bear | | Other: | | | | | | | | |
| Scat Present: | | Mexican Wolf | | | Coyote | | Mt. Lion | | Black Bear | | Other: | | | | | | | | |
| Carnivores observed in area? Describe: | | | | | | | | | | | | | | | | | | | |
| Carcass hidden or in the open? Describe: | | | | | | | | | | | | | | | | | | | |
| Carcass Covered? | | Yes | | | No | | | | | | | | | | | | | | |
| Carcass Moved? | | Yes | | | No | | | | | | | | | | | | | | |
| Drag marks present? | | Yes | | | No | | | | | | | | | | | | | | |
| Collared Wolves in area? | | Yes | | | No | If Yes, then number: | | | | | | | | | | | | | |
| Blood on Vegetation? | | Yes | | | No | Describe: | | | | | | | | | | | | | |
| Apparent point of first feeding: | | | | | | | | | | | | | | | | | | | |
| Percentage of Carcass Remaining | | | | | | | | | | | | | | | | | | | |
| | 0-25%---No soft tissue, hide present, disarticulated. | | | | | | | | | | | | | | | | | | |
| | 26-50%--All organs consumed, all or most of quarters consumed, partial disarticulation. | | | | | | | | | | | | | | | | | | |
| | 51-75%--All organs and portions of the hind quarters consumed, front quarters and neck intact, articulated. | | | | | | | | | | | | | | | | | | |
| | 76-100%--some organs consumed, most soft tissue intact, skeleton articulated. | | | | | | | | | | | | | | | | | | |
| Describe any additional evidence that is discovered in the area: | | | | | | | | | | | | | | | | | | | |

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Describe hemorrhages and corresponding marks seen while skinning the hide or other abnormalities (Location and type, e.g. claw marks on right hind leg, or canine marks on neck.)

Canine spread (if applicable): mm

Cause of Damage

☐ Confirmed

Carnivore (list Species):

☐ Probable

☐ Accident

☐ Unknown

☐ Other:

ADDITIONAL INFORMATION:

Were photos taken of the site? ☐ Yes ☐ No Attached? ☐ Yes ☐ No

Was a veterinarian involved in cause of death determination? ☐ Yes ☐ No

If yes, is a veterinarian report attached? ☐ Yes ☐ No

SUMMARY OF INCIDENT (including preface and actions taken):

Lead Investigator: