



**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)
					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?
- 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.

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 deprecation occurred.

Was the loss of livestock likely caused by wolf?

Yes Claim Recommended for Payment  
the above described loss occurred and the evidence indicates the livestock was likely killed or injured by a wolf/wolves.

No Claim NOT Recommended for Payment because:

The above calculated actual fair market value for the described livestock is accurate.

Signature, Extension Educator

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Date

Printed Name

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Date

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

Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_

**To be Completed by the Minnesota Department of Agriculture:**

Vendor #	Loc #
PO#	PO Line

APPROVED FOR PAYMENT

Claim Total . . . . . \$ \_\_\_\_\_

Less Insurance/Other Compensation . . . . . \$ \_\_\_\_\_

TOTAL Claim Reimbursement . . . . . \$ \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_