

H. D. # | _____

GRAY WOLF DEPREDATION INVESTIGATION REPORT

REPORT NUMBER

NAME OF INVESTIGATOR(S)

DATE COMPLAINT RECEIVED

NAME AND ADDRESS OF LIVESTOCK OWNER / LESSEE

DATE INVESTIGATED

TELEPHONE NUMBER

COUNTY

LAND OWNERSHIP

TYPE OF LIVESTOCK / PROPERTY

PRIVATE STATE BLM TRIBAL

SHEEP CATTLE HORSE

FS OTHER (Specify) _____

LAMB CALF FOAL OTHER (Specify) _____

LOSSES AND / OR PROPERTY DAMAGE (See criteria information for this form)

No. Confirmed	No. Probable	No. Possible / Unknown	No. Other (Specify)

SITE DESCRIPTION / PHYSICAL EVIDENCE PRESENT (e.g., tracks, scat, hair, blood, signs of struggle, scrapes, etc.) TAB TO NEXT LINE FOR LONG DESCRIPTION

CARCASSES / PROPERTY DAMAGE CHARACTERISTICS (e.g. puncture marks, feeding patterns, measurements between canines, signs of hemorrhage, etc.)

ESTIMATE TIME SINCE PREDATION / DAMAGE OCCURRED (days / hours)

ACTION TAKEN

DATE STARTED

DATE ENDED

NAME OF WILDLIFE SERVICES INVESTIGATOR

SIGNATURE

DATE

NAME OF WILDLIFE SERVICES SUPERVISOR

SIGNATURE

DATE

NAME OF STATE REPRESENTATIVE

SIGNATURE

DATE

DISPOSITION OF CARCASS / PARTS (CHECK APPROPRIATE BOX)

CARCASS TO MFWP INTACT

PARTS TO MFWP _____

CARCASS DISPOSED OF ONSITE

OTHER (explain) _____