

Name: _____

Address: _____

Postal Code: _____ Contract No.: _____ Phone No. _____

Class	Number of Animals Destroyed	Ear Tag Number(s)
Registered Ram		
Grade Ram		
Registered Ewe		
Grade Ewe		
Registered Ram Lamb		
Grade Ram Lamb		
Registered Ewe Lamb		
Grade Ewe Lamb		

TOTAL ANIMALS:

Evidence of predation (tick all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Bite Marks | <input type="checkbox"/> Feral Dog Sighting |
| <input type="checkbox"/> Bruising | <input type="checkbox"/> Puncture Wounds |
| <input type="checkbox"/> Blood | <input type="checkbox"/> Remnants of Carcass |
| <input type="checkbox"/> Coyote/Bear Sighting | <input type="checkbox"/> Torn Carcass |
| <input type="checkbox"/> Other: _____ | |

Suspected cause of injury/death: _____

Agriculture and Lands Branch was notified via _____ on

DD / MMM / YYYY

"I carried out my inspection and verify this claim for _____ animals to be correct."

Agency Representative _____

DD / MMM / YYYY

Date

"I agree the above statement is correct."

Insured Producer _____

DD / MMM / YYYY

Date

