State of Oregon
Umatilla County Livestock Producer
Wolf Depredation Compensation Claim Application

Due Friday, January 9, 2026 by 5:00 p.m.

Submit to jaime.chambers@oregonstate.edu - or -
OSU Extension - Umatilla County, 2411 NW Carden Ave, Pendleton OR, 97801

Claimant Information – *A claimant is the owner of the livestock or working dog who is filing a wolf depredation compensation claim*.

Claimant Name		Date	
Address	City	State	Zip
Email Address	Home Phone	Cell Phone	

Direct Loss Claim Information

Date of Loss	No.	Species	Age	Weight	Kill/Injured	Est. Fair Market Value
Example 10/12/20	*2*	*Bovine Calves*	*8m both*	*225lbs both*	*Killed both*	*$1,000 each - $2,000 total*

Total amount of direct loss compensation being requested: $

Date reported to ODFW:	Name of ODFW Investigator:

Brief description of loss:

Describe Method Used to Determine Value (Provide Documentation if applicable)

Is there a current ODFW Wolf-Conflict Deterrence Plan in affect in the location of your loss? ◯ Y ◯ N ◯ Unk

Direct Loss Claim Information Cont.

Please check the non-lethal wolf deterrent techniques that were being implementing during the date of this depredation incident and give a brief description of activities and frequencies:

- ☐ Reducing Attractants (Removal of bone piles; carcass disposal)
- ☐ Barriers (Fladry and Fencing)
- ☐ Human Presence (Range Riders, Hazers, Herders, Individual Response)
- ☐ Guardian Animals (Protection Dogs, etc.)
- ☐ Alarm or Scare Devices (Alarm Systems, Lights and Sound Devices)
- ☐ Livestock Management/Husbandry Changes (Changing pastures, night feeding, changes in calving season and herd structure, etc.)
- ☐ Experimental Practices (Bio-fencing, belling cattle, airman, etc.)
- ☐ Other (Please describe)
- ☐ None

Description:

Direct Loss Claim - Insurance Information

Is animal covered by insurance? ◯ Yes No ◯

If insured, please provide a copy of your declaration page(s) and the following information:
Will you or have you submitted a claim to an insurance company for this loss? ◯ Yes No ◯

Insurance Company Name	Insurance Policy Number	Anticipated Settlement Date

Direct Loss Claim - Depredation Property Description

Township: Range: Section(s):	County: Total Grazing Acreage:

Is location designated as an "Area of Known Wolf Activity," (AKWA) by ODFW ◯ Yes No ◯
If yes, ***please attach a current AKWA map showing location of wolf depredation.***

Is claimant owner of the property where livestock loss occurred? ◯ Yes No ◯

Is the property: Leased ◯ Rented ◯	Is the property publicly owned? ◯ Yes No ◯

*If **leased, rented, or publicly owned**, please provide the following information*:

Name of property owner:	Property Owner Phone Number:

Non-Lethal Prevention Assistance Request Information

Please identify the non-lethal measures you will be requesting funding for:

- ☐ Reducing Attractants (Removal of bone piles; carcass disposal)
- ☐ Barriers (Fladry and Fencing)
- ☐ Human Presence (Range Riders, Hazers, Herders, Individual Response) See Exhibit A.
- ☐ Guardian Animals (Protection Dogs, etc.)
- ☐ Alarm or Scare Devices (Alarm Systems, Lights and Sound Devices)
- ☐ Livestock Management/Husbandry Changes (Changing pastures, night feeding, changes in calving season and herd structure, etc.)
- ☐ Experimental Practices (Bio-fencing, belling cattle, airman, etc.)
- ☐ Other ☐ None

Grant Funds Requested $	Project Start Date:	End Date:

If the project is long-term, indicate the estimated number of years for the project:

If this is an existing project, indicate the year this project began:

Project Description:

Has ODFW or USFWS been consulted regarding prevention project? ◯ Yes ◯ No

If yes, please provide name and phone number of person consulted:

Name:	Phone#:
Name:	Phone#:

Missing Livestock

Number of Missing Livestock for the year:_____

Claim Certification

I certify that this claim application is a true and accurate representation of the reported livestock and working dog related losses and/or prevention activities and projects that will be performed if funds are awarded by this County Wolf Advisory Committee from the Oregon Department of Agriculture's Wolf Depredation Compensation and Financial Assistance County Block Grant Program. By the following signature, the Claimant certifies that they are aware of the requirements of the Oregon Department of Agriculture's Wolf Depredation Compensation and Financial Assistance County Block Grant Program and are in full compliance with the requirements of the program specified in OAR 603-019.

Claimant Signature: _____ Date: _____

Print Name: _____

EXHIBIT "A"

Range Rider

1. All labor associated with all livestock depredations is paid at $25/hr with documentation of hours above and beyond normal operations, either new staff payroll receipts or for owner/ operator daily record of hours. This rate includes all associated equipment, materials and supplies and is not to exceed $25/hr with a maximum of $250/day. Funding of the reimbursement program is strictly dependent upon the number of producers participating in the program and the funds available. This is a first come, first serve program. In order to address both State of Oregon and Umatilla County rules and regulations, the following items must be met:
    - Return the completed Range Rider form (Exhibit A) with the Umatilla County Livestock Producer Wolf Depredation Compensation Claim Application by the deadline;
    - Indicate on the "Area of Known Wolf Activity" map where the Range Rider rode.
    - Attach a receipt showing payment made to the Range Rider. The receipt must include the name of the rider, the dates of service and the dollar amount paid.

Section A: Livestock Owner Contact Information					
Business/Owner Name			Phone Number		
Contact Name (if different from above)			Phone Number		
Business Mailing Address					
City		State		Zip	
Email Address					

Section B: Range Rider Contact Information					
Name					
Home Number			Cell Number		
Mailing Address					
City		State		Zip	
Email Address					

Using the space provided below, list the date(s) and time(s) that the range rider rode. Include as much detail as possible including any and all wolf observations such as wolf tracks, howling, alert messages, etc.. Use the attached, "Area of Known Wolf Activity" map to indicate the general area you rode and include allotment or private property maps that show more detailed areas that were covered. Attach additional pages as needed.

Date	**Time**	**Area Covered**	**Observations**

Section C: Range Rider Signature			
By signing, I acknowledge that I rode the areas described above and the information presented is accurate.			
Signature		Date	

Section D: Livestock Owner Signature			
By signing, I acknowledge that the range rider listed above performed the services described and was compensated for those services. I understand that reimbursement is on a first come, first serve basis that is dependent upon available funding from the State and County. I understand this rate includes all associated equipment, materials and supplies and is not to exceed $25/hr with a maximum of $250/day.			
Signature		Date	