

# Depredation Investigative Report on Wolves WY- 1096

Investigator: \_\_\_\_\_ Date complaint recv'd: \_\_\_\_\_

Date Invest'd \_\_\_\_\_ MIS Agreement name and # \_\_\_\_\_

Livestock Owner: \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Location of Incident (Physical land description, GPS, Legal Description etc.): \_\_\_\_\_

Land Ownership: ( ) PVT ( ) FS ( ) BLM ( ) State ( ) Tribal ( ) Other: \_\_\_\_\_

Type of Livestock: ( ) Adult Sheep ( ) Cattle & Yearlings ( ) Horse ( ) Dog  
(Check one) ( ) Lambs ( ) Calf ( ) Colt ( ) Other \_\_\_\_\_

Losses and/or property damage:

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

No. Other ( ) Please Specify \_\_\_\_\_

Estimate time since predation/damage occurred (day/hrs.) \_\_\_\_\_

Site description/physical evidence present (i.e. tracks, scat, hair, blood, signs of struggle or scrapes): \_\_\_\_\_

Carcasses/property damage characteristics (i.e. puncture marks, feeding patterns, measurements between canines, claw marks, signs of hemorrhage): \_\_\_\_\_

Pack Name and/or Loss History: \_\_\_\_\_

Comments/Actions Taken Date Started ( ) Date Ended ( )

Investigator Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Disposition of Carcass/Parts (Check Appropriate box)

Carcass to USFWS Intact  Parts to USFWS \_\_\_\_\_

Carcass Disposed Onsite  Other (explain) \_\_\_\_\_