



LIVESTOCK PROTECTION PROGRAM

VERIFICATION & COMPENSATION FORM

Toll free: **1.844.852.5788** / www.cattlemen.bc.ca/LPP.htm

Verif'n FILE #	
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CONTACT INFORMATION (please print)

RANCHER Name:	
Mailing Address:	
Phone/Cell:	

VERIFIER Name:	
Mailing Address:	
Phone/Cell:	
Verification #:	

Are you requesting:
(check all that apply)

Mitigation Compensation

Sector: Beef Sheep Dairy

ATTACK / INCIDENT DETAILS

Date of attack / incident:	
Verification date:	
Outcome:	<input type="checkbox"/> Injured <input type="checkbox"/> Killed <input type="checkbox"/> Harassed
Description of wounds:	
Describe surrounding area around carcass <i>(signs or evidence of attack)</i>	
Location of attack / incident:	
Land Status:	<input type="checkbox"/> Private Land <input type="checkbox"/> Crown Land
Location GPS/UTM	

LIVESTOCK INFORMATION

Description of Animal:	<input type="checkbox"/> COW	<input type="checkbox"/> CALF	<input type="checkbox"/> EWE	<input type="checkbox"/> WETHER
	<input type="checkbox"/> BULL	<input type="checkbox"/> YEARLING	<input type="checkbox"/> LAMB	<input type="checkbox"/> RAM
	Age: _____		Weight: _____ lbs	
	Brand _____		or CCIA Tag # _____	

BEST MANAGEMENT PRACTICES (BMPs)

Are effective BMPs in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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HARASSMENT CLAIMS

Describe livestock behaviour or indicators of harassment/injury:	
Evidence of predator harassment	
Other Comments	

VERIFICATION RESULTS

- CONCLUSIVE Attack CONCLUSIVE Non-attack Scavenged
 CONCLUSIVE Harassment INCONCLUSIVE

SIGNATURES

PRODUCER Signature:		Date:
VERIFIER Signature:		Date: