



LIVESTOCK PROTECTION PROGRAM

VERIFICATION & COMPENSATION APPLICATION FORM

LPP	
FILE #	

CONTACT INFORMATION (please print)

RANCHER Name:	
Mailing Address:	
Physical Address if different:	
Phone/Cell:	

VERIFIER Name:	
Mailing Address:	
Phone/Cell:	
Verifier ID #:	

Are you requesting:
(check all that apply)

Mitigation Compensation

Sector: Beef Sheep Dairy

ATTACK / INCIDENT DETAILS

Date of attack / incident:	
Verification date:	
Reported As:	<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>	
# of livestock Impacted	
Location of attack / incident:	
Land Status:	<input type="checkbox"/> Private Land <input type="checkbox"/> Crown Land
Predator involved	<input type="checkbox"/> Wolf <input type="checkbox"/> Coyote <input type="checkbox"/> Cougar <input type="checkbox"/> Bear <input type="checkbox"/> Dog <input type="checkbox"/> Bird
Suspected number of predators involved	

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? (CHECK ALL THAT APPLY)	<input type="checkbox"/> Composting	<input type="checkbox"/> Deep Burial	<input type="checkbox"/> Guard Animals	<input type="checkbox"/> Fencing	<input type="checkbox"/> Repellants
	<input type="checkbox"/> Range Patrol	<input type="checkbox"/> Deadstock Removal	<input type="checkbox"/> Other _____	<input type="checkbox"/> None	

HARASSMENT CLAIMS

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

RESULTS RECOMMENDATION:

- CONCLUSIVE Attack CONCLUSIVE Non-attack Scavenged
 CONCLUSIVE Harassment INCONCLUSIVE

I personally attended to do the verification: Yes ___

No ___

VERIFIER _____

DATE _____

**Submit this form to Cam Hill: lpp@cattlemen.bc.ca*