

## PROCESS FOR COYOTE/WOLF PREDATION COMPENSATION CLAIM

1. The Stockowner completes the **COYOTE/WOLF PREDATION COMPENSATION CLAIM; section 1. Stockowner Declaration.**
2. The Livestock Evaluator confirms the livestock kill and completes **section 2. Certificate of Evaluator.** Note: every Municipality has an Evaluator, names can be obtained at the municipal office.
3. Stockowner appoints a licensed hunter and completes **section 3. Appointment of Hunter or Trapper.**
4. Stockowner submits form to the local municipal office.
5. Municipal Office will complete **section 4. Municipal Certification.**
6. Hunter must make an appointment to bring the ears to the Operations Department Office located at 157859 7<sup>th</sup> Line, Meaford, ON for certification. Please call (519) 538-1060 ext. 1315 to book a time to drop off ears.
7. Municipal Office will then forward the original **COYOTE/WOLF PREDATION COMPENSATION CLAIM** form to the County of Grey for payment.
8. County of Grey will complete **section 5. Approval For Payment.**



Ministry of  
Natural Resources

Ministère des  
Richesses naturelles

# Coyote/Wolf Predation Compensation Claim

## 1. Stockowner Declaration

I, (name) \_\_\_\_\_, located at (address): \_\_\_\_\_;

Lot \_\_\_\_\_, Concession \_\_\_\_\_, in the Township of \_\_\_\_\_

lost (species and number) \_\_\_\_\_ to predation on (year, month, day) \_\_\_\_\_,

and notified the appropriate municipal representative and / or livestock evaluator or a representative from the Ontario Ministry of Agriculture,

Food and Rural Affairs on (year, month, day) \_\_\_\_\_,

Stockowner Signature \_\_\_\_\_ Date (year, month, day) \_\_\_\_\_

Telephone (including area code) \_\_\_\_\_

## 2. Certificate of Evaluator

I, (name) \_\_\_\_\_, of (address)

\_\_\_\_\_

Livestock Evaluator for \_\_\_\_\_ township,

determined that (species and number) \_\_\_\_\_ had been killed by coyotes or wolves

on the property of (name) \_\_\_\_\_ as declared above.

I have recommended compensation be paid under the **Ontario Wildlife Damage Compensation Program**.

Signature \_\_\_\_\_ Date (year, month, day) \_\_\_\_\_

Telephone (including area code) \_\_\_\_\_

## 3. Appointment of Hunter or Trapper

I hereby appoint (name) \_\_\_\_\_, a licenced (hunter &/or trapper)

\_\_\_\_\_ licence No. \_\_\_\_\_ of (address) \_\_\_\_\_

\_\_\_\_\_

to protect my stock by hunting coyotes or wolves, as authorized by the Ministry of Natural Resources.

Stockowner Signature \_\_\_\_\_ Date (year, month, day) \_\_\_\_\_

Telephone (including area code) \_\_\_\_\_

**4. Municipal Certification**

This certifies that \_\_\_\_\_ coyote/wolf carcasses, presented by (name of authorized hunter or trapper)

\_\_\_\_\_ ,

have been marked in accordance with (name of municipality) \_\_\_\_\_ by-law (identification number) \_\_\_\_\_ ,

by the designated person at the Municipal Corporation of the \_\_\_\_\_ of

\_\_\_\_\_ .

This certification must be signed by a municipal officer no later than 5 days from the authorization expiry date.

Designated Person \_\_\_\_\_ Reeve / Clerk \_\_\_\_\_ Date (year, month, day) \_\_\_\_\_

**5. Municipal Approval For Payment**

Payment for \_\_\_\_\_ coyote carcass(es) at \$ \_\_\_\_\_ per carcass, being a total payment of \$ \_\_\_\_\_ is hereby

approved.

Signature (of Municipal Clerk) \_\_\_\_\_ Date (year, month, day) \_\_\_\_\_

Personal information contained on this form is collected under the authority of the Fish and Wildlife Conservation Act, 1997 and will be used for the purpose of licencing, identification, enforcement, resource management and customer service surveys. Please direct further enquiries to the District Manager of the MNR issuing district.