

## Instructions

1. Before completing this document, review the program guidelines that were supplied by the ministry.
2. This form reports damages to livestock/poultry from eligible wildlife.
3. This report should be submitted to OMAFRA within 7 business days of initial investigation.
4. Required fields are marked with an asterisk (\*). Incomplete applications may lead to delays in processing, or be deemed ineligible for processing.

## Step 1 – Owner Identification & Basic Eligibility Requirements

### Owner (Applicant) Information

Business / Farm Business Name \*

Owner Legal Last Name \*

Owner Legal First Name \*

### Owner Business Address

Unit No.

Street No.

Rural Route

PO Box

Street Name \*

City/Town \*

Telephone \*

Email

Province \*

Postal Code \*

### Eligibility Requirements

Canada Revenue Agency Number (CRA)<sup>1</sup>

OR

I confirm the applicant does not have a CRA Number.

Farm Business Registration Number (FBRN)<sup>2</sup>

OR

I confirm the applicant does not have a FBRN.

Premises Identification Number (PID)<sup>3</sup>

OR

I confirm the applicant does not have a PID.

**Note:** For more information about CRA, FBRN and PID and potential exemptions, see top of page 2.

### Eligibility Exemptions and Alternatives

**1. CRA:** In the absence of a CRA Number, the applicant will provide their Social Insurance Number to the Municipality and/or OMAFRA when requested. For more information go to: [www.canada.ca/en/services/taxes/business-number.html](http://www.canada.ca/en/services/taxes/business-number.html) or call: 1-800-959-5525.

**2. FBRN:** In the absence of a FBRN, the applicant must qualify for an exemption and will provide documented proof. For more information about FBRN: visit [www.farmbusreg.com](http://www.farmbusreg.com) or call Agricorp: 1-888-247-4999.

**3. PID:** To obtain a new PID or re-validate an existing PID visit: [www.ontariopid.com](http://www.ontariopid.com) or call Agricorp: 1-888-247-4999.

### Step 2 – Investigator Information

Represented Municipality \*

Last Name \*

First Name \*

Telephone \*

Email \*

Mobile

### Step 3 – Description of Damages

Injury or Kill Date (yyyy/mm/dd) \*

Indicate the type(s) of damage(s) \*

Death of livestock or poultry

Injury of livestock or poultry

Both death and injury of livestock or poultry

**Note:** If this application includes a claim for veterinary costs related to predation, provide proof of payment (i.e. veterinarian invoice / receipt referencing the livestock being claimed).

### Step 4 – Description of Livestock & Signs of Predation

#### Animal 1

# of Head	Species Type (One Per Sheet)	Live Weight	Age of Animal		
<input type="text"/>	<input type="text"/>	<input type="text"/> lbs	<input type="text"/> years	<input type="text"/> months	<input type="text"/> days

#### Sex

Male (Castrated)     Male (Uncastrated)     Female     Unknown

#### Declaration by the Investigator: \*Evidence of a carcass is required

Sufficient Evidence Found     Insufficient Evidence Found     Natural Causes

#### Premium(s): \* Documents required to substantiate premium

Not applicable     Pregnant     Registered     Poultry breeding stock

#### Evidence Of Predation: \*Provide Photos To Support Your Descriptions.

Is there evidence that the animal was alive prior to the attack? (Newborns: no hoof membrane, ID tag, cleanliness, etc.) Explanation Required.     Yes     No

Are there signs of bleeding and/ or hemorrhaging present? (Pooling blood, blood trails, etc.) Explanation Required.     Yes     No

Are there signs of claw and/ or puncture wounds visible on the carcass? Explanation Required.     Yes     No

Were there any other signs of predation? Explanation Required.     Yes     No

### Step 5 – Description of Predator & Site Evidence

**A. Predator Species \* see program guidelines for eligible wildlife species list**

Coyote                                       Wolf                                       Bear

Others, specify:

**B. Provide a description of the events and attack site. Include any other relevant information such as weather, conditions and/or behaviours exhibited by the herd or flock after the attack.**

**C. Provide a description of the evidence left by the predator. Describe how photos support evidence of predation.**

### Step 6 – Reasonable Care

**A. Overview**

Herd / Flock Size:

Overall Health Condition:  Healthy, no concerns       Diseased       Sick  
 Other (Explain)

Deadstock Disposal:  Compost       Incineration       Burial  
 Disposal vessel       Off-site disposal (licensed disposal/collector)  
 Other (Explain)

**B. Predation Prevention**

Inspection Frequency:  Multiple times daily  At least once daily  A few times per week  
 Weekly  Other (Explain)

Fencing:  Present  Not Present

Condition:  Very good  Good  Fair  
 Poor  Very Poor

Describe fencing type: (e.g. electric fencing)

Livestock Guardian Animal(s):  Present  Not Present

Describe type: (e.g. dog, donkey, llama)

- The owner has taken reasonable measures to prevent predation.
- The owner has not taken reasonable measures to prevent predation.

Other Farm Management Practices and/or Additional Comments:

### C. Reasonable Care Plan

Note: Upon submitting five applications in one calendar year (i.e. January 1st to December 31st), an Owner must complete and submit a Reasonable Care Plan form provided by OMAFRA in order to remain eligible for program compensation.

Once a plan has been submitted, the Owner may be required to demonstrate that the plan has been implemented. Failure to submit a Reasonable Care Plan, after one has been requested, or to demonstrate that a plan has been implemented may result in the Owner's subsequent application being deemed ineligible. For Reasonable Care Plan template:

[www.omafra.gov.on.ca/english/livestock/predation/reasonable\\_care.pdf](http://www.omafra.gov.on.ca/english/livestock/predation/reasonable_care.pdf)

### Step 7 – Municipal or Territorial Investigator Declaration and Signature

I hereby certify that the information I have provided in this application is true and accurate to the best of my knowledge and that a copy of the completed application has been provided to the owner. I also understand that submitting false or misleading information in this application form could result in the denial of the claim. I further understand that any payment the Municipality I work for receives from OMAFRA under the Ontario Wildlife Damage Compensation Program as a result of false or misleading information I have submitted, may have to be repaid by the municipality I work for to OMAFRA.

**Investigator Name (print) \***

**Signature \***

**Date (yyyy/mm/dd) \***

Forward completed applications and all supporting documents to your local Municipal Clerk within seven (7) business days of the initial investigation. If the damage occurred in an unincorporated township (a territory without Municipal organization as defined in Section 2 of the Northern Services Board Act.), completed applications and all supporting documentation should be submitted to the Ontario Ministry of Agriculture, Food and Rural Affairs at: [wildlife.damage@ontario.ca](mailto:wildlife.damage@ontario.ca)

### Step 8 – Owner Declaration and Signature (To be completed by Owner)

#### The Undersigned Certifies That:

- I have read, understand and agree to abide by all requirements of the Ontario Wildlife Damage Compensation Program (OWDCP).
- I confirm that my farm business is in compliance with all the requirements of law.
- All information submitted in this application form is true and accurate, to the best of my knowledge, information and belief.
- I understand that submitting false or misleading information in this application form could result in the denial of this claim and any potential future claims that could be made by myself, myself on behalf of another person, or another person affiliated with myself in any type of business relationship in which this claim is being made may have under the OWDCP and/or a require that any compensation received under the OWDCP as a result of the submission of false or misleading information be repaid.

### The Undersigned Further Certifies And Acknowledges And Agrees That:

- The OWDCP is a discretionary, non-entitlement program in accordance with Order In Council 502/2016. Payment is subject to Ontario receiving all the necessary appropriations from the Ontario Legislature, Ontario receiving all the necessary monies from Canada, and the Owner's compliance with the terms and conditions of the OWDCP.
- If it is determined that the Owner has received a payment that the Owner was not eligible to receive, through an administrative error or otherwise, the Owner will be required to repay any and all monies that the Owner was not eligible to receive, as determined by Ontario.
- She / He will provide accurate, timely and full information, including supporting documentation, to Ontario, and will notify OMAFRA immediately in the event that there are any changes to the information provided.

### Additional Evidence



I wish to apply. I have **NO** additional evidence and/or documentation to provide:

By checking this box, I as the Owner, wish to apply to the OWDCP and agree with the evidence gathered and reported by the Municipal or Territorial Investigator in this application. (I have no further information to provide)



I wish to apply. I have additional evidence and/or documentation to provide:

By checking this box, I as the Owner, wish to apply to the OWDCP, and provide additional evidence to support the application and, as reported by the Municipal or Territorial Investigator, will provide additional evidence (see program guidelines) to the Municipality/ Territorial Investigator within seven business days. I further understand that if I do not submit the additional evidence within seven business days, the Program Administrator will not consider it.

### Personal Information

#### NOTICE OF COLLECTION OF PERSONAL INFORMATION:

Any personal information collected after the approval of the application form, such as the Social Insurance Number of an individual acting as a sole proprietor or as an unincorporated partner in a partnership, is necessary for income tax purposes because a payment is being made, as well as for the overall administration of the OWDCP. More specifically, the Social Insurance Number will also be used for auditing and the collection of any debts incurred under the Ontario Wildlife Damage Compensation Program. The Business Number is being collected pursuant to the Income Tax Act (Canada), as amended and the Order in Council that established the OWDCP.

Questions regarding the collection of this information may be directed to:

OWDCP Program Administrator

Ontario Ministry of Agriculture, Food and Rural Affairs, 1 Stone Road West, 4th Floor NW, Guelph, Ontario N1G 4Y2. Tel: 519-826-4047 or 1-877-424-1300 (toll free) Email: [wildlife.damage@ontario.ca](mailto:wildlife.damage@ontario.ca)

BY SIGNING BELOW, I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF THE APPLICANT AS WELL AS BIND THE APPLICANT TO THE TERMS AND CONDITIONS OF OWDCP, AS SET OUT IN THE OWDCP PROGRAM GUIDELINES.

Owner Last Name (print) \*

Owner First Name (print) \*

Signature \*

Date (yyyy/mm/dd) \*

### Step 9 - Submitting this Program Application (To be completed by Municipal Official)

Before submitting an application, the Municipality must ensure that:

- All sections of the application have been completed
- The application has been signed by both Municipal Investigator, Municipality and Owner
- All required supporting documentation, including photographs, are included
- The additional evidence/ documentation indicated in Step 8 was provided by the Owner within seven (7) business days of the investigation.

### Municipal Declaration and Signature

I hereby certify that the information I have provided in this application form is true and accurate to the best of my knowledge. I understand that submitting false or misleading information in this application form could result in the denial of the claim. I further understand that any payment the Municipality that I work for receives from OMAFRA under the OWDCP, as a result of false or misleading information I have submitted may have to be repaid by the Municipality I work for to OMAFRA. Finally, I accept that a set administrative allowance per application will be provided by OMAFRA to assist with application processing costs.

Municipality \*

Unit No.

Street No.

Street Name

Rural Route

PO Box

City

Province

ON

Postal Code \*

Phone

Email

Municipal Official First Name (print) \*

Municipal Official Last Name (print) \*

Position

Signature \*

Date (yyyy/mm/dd) \*