

**Ontario Wildlife Damage Compensation Program Application Form****Instructions**

Report of damage to livestock/poultry from Wildlife. Submit to OMAFRA within 7 business days of initial investigation.

**Step 1 – Owner Identification & Basic Eligibility Requirements (To be completed by Owner)****Owner (Applicant) Business Contact Information**

Business / Farm Business Name

Owner Legal Last Name

Owner Legal First Name

**Owner Business Address**

Unit Number

Street Number

Street Name

Rural Route

PO Box

City/Town

Province

ON

Postal Code

Email Address

Telephone Number

**Basic Eligibility Requirements****Business Number (Canada Revenue Agency Client Number)**

The Business number is a 9-digit business identifier that the Canada Revenue Agency (CRA) uses to allow businesses to register program accounts with the CRA. The program account number consists of three parts: The Business Number, the two letter program identifier, and the four digit reference number. <http://www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html>.

**\*\*Compensation received under this program is taxable income**

R C 0 0 0

Or, if the business does not have a CRA number:

I confirm I do not have a Business Number (CRA Client Number) and will provide my SIN number to the Municipality and/or OMAFRA when requested

**Farm Business Registration Number (FBRN)**

Farm Business Registration Number (FBRN) for a qualifying farm business can be received by registering with Agricorp at 1-888-247-4999. This is a six to seven (6-7) digit number. A person that carries on a farming business that has a gross annual income of \$7,000 or more is required under the *Farm Registration and Farm Organizations Funding Act, 1993*, to obtain a FBRN. The FBRN must match the business information on this application form.

Or, if the business does not have an FBRN:

I do not have an FBRN, but have qualified for an exemption

**Location of Dead or Injured Livestock/ Poultry**

A Premises Identification (PID) Number is a unique identifying number assigned to a parcel of land. A PID for the land associated to the kill/injury location must be included. To obtain a PID visit: [www.ontarioppr.com](http://www.ontarioppr.com) or call 1-855-697-7743.

**Premises Identification Number**

O N

**Municipal or Territorial Investigator Report****Step 2 – Investigator Information**

Represented Municipality

Last Name

First Name

Email Address

Telephone Number

Mobile

---

### Step 3 – Description of Damages Incurred

---

**A. Indicate the type(s) of damage(s) and the date that they occurred**

- Death of livestock or poultry
- Injury of livestock or poultry
- Both death and injury of livestock or poultry

---

Injury or Kill Date (yyyy/mm/dd)

---

**Note:** If this application includes a claim for eligible predation related veterinary costs, provide proof of payment (paid veterinarian invoice / receipt) referencing the specific livestock.

---

**B. Description of injuries and/or wounds sustained, location of incident on the premises and other details deemed relevant. List these details for each carcass.** Refer to the “Municipal Investigator Tip Sheet” ([www.Ontario.ca/predation](http://www.Ontario.ca/predation)) or Program Guidelines for best practices and minimum evidence requirements to substantiate predation. Attach additional sheets if needed.

---

**C. Photographic Evidence**

The municipal investigator will take 3 to 6 colour photographs per head contained in this application to support the description above. Refer to the “Municipal Investigator Tip Sheet” ([www.Ontario.ca/predation](http://www.Ontario.ca/predation)) or Program Guidelines for more information on the quality and type of photographs to include with this application.

---

### Step 4 – Description of Predator

---

Predator Species (See Program Guidelines for eligible predator list)

---

Describe evidence left by the predator (e.g. tracks, droppings etc.)



## Step 5 – Description of Injured or Killed Species

OMAFRA will assign fair market value to the loss/damages based upon the information reported in the table below. All applicable sections of the table must be completed in order for a value to be assigned. If the row in the table is not complete, the application will be declined.

### Premiums

Owners may apply for a premium(s). **Applications must be supported with Required Documentation for each head/poultry reported to be considered eligible.** Refer to the Program Guidelines for a complete list of the documentation that will be accepted.

Premiums	Required Documentation for each individual head/poultry reported (See the Program Guidelines for details)
Pregnant cattle/sheep/goats	Breeding records are required
Registered cattle/sheep/goats	Registration documents must be provided for the animal
Poultry breeding stock	Sales receipts and proof of pedigree is required
Other breeding livestock	Sales receipts and breeding records (or equivalent) are required

Report multiple head/poultry in same row if they are the same Sex, Species and Weight.

Quantity of Head/Poultry	Sex	Species Type (one per row) (e.g. lamb, steer)	Live Weight in lbs (one per row)	Age			Premium(s)	Declaration by the Municipal / Territorial Investigator	Evidence of Predation (Check all relevant boxes)
				Years	Months	Days			
	<input type="checkbox"/> Male (Castrated) <input type="checkbox"/> Male(Uncastrated) <input type="checkbox"/> Female <input type="checkbox"/> Unknown			Years	Months	Days	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Pregnant cattle/sheep/goats <input type="checkbox"/> Registered cattle/sheep/goats <input type="checkbox"/> Poultry breeding stock <input type="checkbox"/> Other breeding livestock	<input type="checkbox"/> I have found sufficient evidence <input type="checkbox"/> There was insufficient evidence to make a finding <input type="checkbox"/> Died of natural causes, sickness or disease	<input type="checkbox"/> Injured animal or carcass is present <input type="checkbox"/> Evidence that the livestock bled from the attack <input type="checkbox"/> Signs of tissue damage under the lacerations and puncture wounds <input type="checkbox"/> Signs of a struggle, drag marks, broken vegetation and/or blood around the site
	<input type="checkbox"/> Male (Castrated) <input type="checkbox"/> Male(Uncastrated) <input type="checkbox"/> Female <input type="checkbox"/> Unknown			Years	Months	Days	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Pregnant cattle/sheep/goats <input type="checkbox"/> Registered cattle/sheep/goats <input type="checkbox"/> Poultry breeding stock <input type="checkbox"/> Other breeding livestock	<input type="checkbox"/> I have found sufficient evidence <input type="checkbox"/> There was insufficient evidence to make a finding <input type="checkbox"/> Died of natural causes, sickness or disease	<input type="checkbox"/> Injured animal or carcass is present <input type="checkbox"/> Evidence that the livestock bled from the attack <input type="checkbox"/> Signs of tissue damage under the lacerations and puncture wounds <input type="checkbox"/> Signs of a struggle, drag marks, broken vegetation and/or blood around the site

Report multiple head/poultry in same row if they are the same Sex, Species and Weight.

Quantity of Head/Poultry	Sex	Species Type (one per row) (e.g. lamb, steer)	Live Weight in lbs (one per row)	Age			Premium(s)	Declaration by the Municipal / Territorial Investigator	Evidence of Predation (Check all relevant boxes)	
				Years	Months	Days				
	<input type="checkbox"/> Male (Castrated) <input type="checkbox"/> Male(Uncastrated) <input type="checkbox"/> Female <input type="checkbox"/> Unknown						<input type="checkbox"/> Not Applicable <input type="checkbox"/> Pregnant cattle/sheep/goats <input type="checkbox"/> Registered cattle/sheep/goats <input type="checkbox"/> Poultry breeding stock <input type="checkbox"/> Other breeding livestock	<input type="checkbox"/> I have found sufficient evidence <input type="checkbox"/> There was insufficient evidence to make a finding <input type="checkbox"/> Died of natural causes, sickness or disease	<input type="checkbox"/> Injured animal or carcass is present <input type="checkbox"/> Evidence that the livestock bled from the attack <input type="checkbox"/> Signs of tissue damage under the lacerations and puncture wounds <input type="checkbox"/> Signs of a struggle, drag marks, broken vegetation and/or blood around the site	-
	<input type="checkbox"/> Male (Castrated) <input type="checkbox"/> Male(Uncastrated) <input type="checkbox"/> Female <input type="checkbox"/> Unknown						<input type="checkbox"/> Not Applicable <input type="checkbox"/> Pregnant cattle/sheep/goats <input type="checkbox"/> Registered cattle/sheep/goats <input type="checkbox"/> Poultry breeding stock <input type="checkbox"/> Other breeding livestock	<input type="checkbox"/> I have found sufficient evidence <input type="checkbox"/> There was insufficient evidence to make a finding <input type="checkbox"/> Died of natural causes, sickness or disease	<input type="checkbox"/> Injured animal or carcass is present <input type="checkbox"/> Evidence that the livestock bled from the attack <input type="checkbox"/> Signs of tissue damage under the lacerations and puncture wounds <input type="checkbox"/> Signs of a struggle, drag marks, broken vegetation and/or blood around the site	-
	<input type="checkbox"/> Male (Castrated) <input type="checkbox"/> Male(Uncastrated) <input type="checkbox"/> Female <input type="checkbox"/> Unknown						<input type="checkbox"/> Not Applicable <input type="checkbox"/> Pregnant cattle/sheep/goats <input type="checkbox"/> Registered cattle/sheep/goats <input type="checkbox"/> Poultry breeding stock <input type="checkbox"/> Other breeding livestock	<input type="checkbox"/> I have found sufficient evidence <input type="checkbox"/> There was insufficient evidence to make a finding <input type="checkbox"/> Died of natural causes, sickness or disease	<input type="checkbox"/> Injured animal or carcass is present <input type="checkbox"/> Evidence that the livestock bled from the attack <input type="checkbox"/> Signs of tissue damage under the lacerations and puncture wounds <input type="checkbox"/> Signs of a struggle, drag marks, broken vegetation and/or blood around the site	-

Add item (+)

## Step 6 – Reasonable Care

### A. Overview

Herd / Flock Size

Overall Health Condition

- Healthy, no concerns                       Diseased                       Sick  
 If other explain ►

Breeding Season

Is there a set time of year?

- Yes       No

Explain (e.g. seasonality, timing)

Deadstock Disposal

- Compost       Incineration       Disposal Vessel       Burial       Off-site disposal (licensed disposal/collector)  
 If other explain/concerns ►

### B. Predation Prevention

Inspection Frequency

- Multiple times daily       At least once daily       Multiple times per week       Weekly  
 If other explain ►

Fencing / Containment

Present

- Yes       No

Description fencing (e.g. page wire)

Condition of Fencing / Containment

- Very Good       Good       Fair       Poor       Very Poor

Guard Animal(s)

Present

- Yes       No

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

Other Management Practices/ Services Retained

If applicable (e.g. hunting, trapping)

### C. Investigator Finding

The Owner

- Has taken Reasonable Care measures to prevent predation  
 Has Not taken Reasonable Care measures to prevent predation

Comments (if applicable)

### D. Reasonable Care Plan

Note that in order to be considered **eligible upon submitting five (5) applications in one (1) calendar year** (i.e. January 1<sup>st</sup> to December 31<sup>st</sup>), an **Owner must complete and submit a Reasonable Care Plan** in an OMAFRA provided template.

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 or to demonstrate that a plan has been implemented may result in the Owners application being deemed ineligible.

Please see the following link for a Reasonable Care Plan template: [www.omafra.on.ca/predation](http://www.omafra.on.ca/predation)

## 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. 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 (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

Investigator Last Name (print)

Investigator First Name (print)

Signature

Date (yyyy/mm/dd)

## 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 program 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:

- You must inform us of any other compensation you have received or will receive in respect of the Livestock or Poultry injury or death.
- The OWDCP is a discretionary, non-entitlement program in accordance with OIC 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 Owners 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 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 and 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 Investigator in this application. (I have no further information to provide)

**Or**

**I wish to apply and 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 Investigator, will provide additional evidence (see guidelines) to the Municipality/ Territorial Investigator within seven (7) business days. I further understand that if I do not submit the additional evidence within seven (7) 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 Ontario Wildlife Damage Compensation Program. 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 Ontario Wildlife Damage Compensation Program.

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,  
4<sup>th</sup> Flr 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 guidelines.**

Owner Last Name (print)

Owner First Name (print)

Signature

Date (yyyy/mm/dd)

**Forward this completed application and all supporting documents to your local Municipal Clerk within seven (7) business days of 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 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.

### Step 10 – 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 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. Finally I accept that an administrative allowance per application will be provided by OMAFRA to assist with application processing costs.

Municipality

Unit Number	Street Number	Street Name	Rural Route	PO Box
City		Province ON	Postal Code	
Telephone Number	Email Address			
Municipal Official Last Name (print)		Municipal Official First Name (print)		
Position				
Signature			Date (yyyy/mm/dd)	

Save Form

Print Form

Clear Form