



APPLICATION FOR SHOT LIVESTOCK COMPENSATION UNDER THE WILDLIFE ACT

**FOR LIVESTOCK KILLED OR INJURED DURING
A BIG GAME OR GAME BIRD SEASON**

Office Use Only	
Approved <input type="checkbox"/>	
Rejected <input type="checkbox"/>	
Date	
Total Value	

Name of Claimant		Phone Number	
Address (including postal code)		Location of Loss	
		Quarter	
		Section	
		Township	
		Range	
<p>being the owner of the livestock described below do hereby apply to the Government of Alberta for payment of compensation for the dead or injured livestock described below.</p>			
Date Loss Discovered			
Date Reported			
Date Investigated			
Reported by			
Dead Livestock (Number, Type, Age and Weight)			
Injured Livestock (Number, Type, Age and Weight)			
Description of Injury			
Value of Livestock before injury or death			
Was the animal salvaged?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know who shot the animal?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
That the amount of compensation claimed is		which sum is declared to be fair and reasonable.	

TO BE COMPLETED IF LOSS OR INJURY WAS REPORTED BY ANOTHER PERSON TO CLAIMANT

Name of Person who reported Loss or Injury	Phone Number	Date Reported

Address (including postal code)

The said livestock was was not insured.

Policy Number	
Name of the Insurance Company issued by	

I make this solemn declaration conscientiously believing it to be true, and knowing that it is, of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me at _____

in the Province of Alberta,

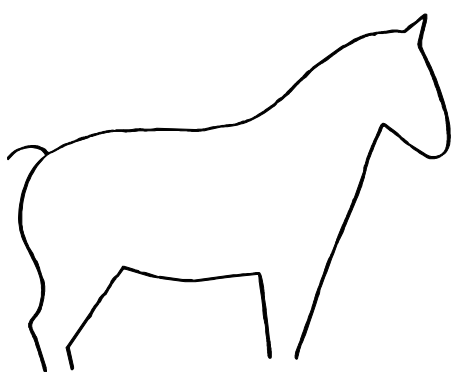
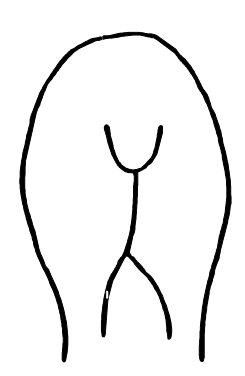
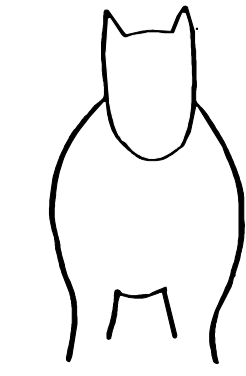
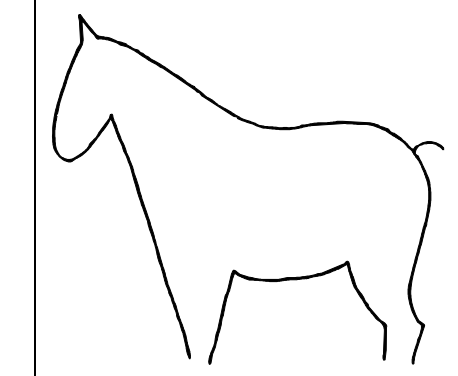
this ____ day of _____, 20__.

Signature of Applicant
Commissioner for Oaths
My Commission Expires _____, 20__

INVESTIGATOR'S REPORT (TO BE COMPLETED BY RCMP)

Date Report Received					
Date of Investigation					
Number	Breed	Age	Weight	Sex	Dead/Injured and Description of Finding

Indicate where injury was located

 Right Side	 Rear	 Front	 Left Side
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Do you know who is responsible for the loss? Yes No

If yes, give name and address of responsible persons(s):

If yes, were charges laid? Yes No

If party responsible is known, what action has been taken to obtain restitution?

If no action was taken for restitution, explain why.

If animal is injured, is it under veterinary care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animal	<input type="checkbox"/> Died	<input type="checkbox"/> Recovered
Was the veterinarian called out to determine cause of death?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Investigative action taken? (Include pictures, RCMP/Police Report)		
Patrol made to examine animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUPPORTING DOCUMENTATION		
Is the Veterinary report attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
Are Veterinary bills attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> Veterinary not Utilized
Are you convinced this is a valid claim due to shooting during an open hunting Season in WMU _____?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unable to Confirm
Animal Registered (if so, include photocopy of registration certificate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
RCMP File #		
Investigator's Name	Investigator's Signature	
Detachment	Detachment Phone Number	

Claim Submission Instructions:

Investigating RCMP/Police Officer to forward completed application and supporting documentation (photos, witness statements, other evidence, etc.) to local Fish and Wildlife District Office.

Claims will be forwarded by the local Fish and Wildlife District Office to the Provincial Problem Wildlife Coordinator for processing.