

DEPREDAATION REPORT FORM

| | | | |
|--|---------------------------------|----------------------------------|--|
| Resource Owner: (b) (6), (b) (3) (A) | | | |
| Mailing Address: | | | |
| Phone: (b) (6), (b) (3) (A) | County: Catron | Ranch Name: (b) (6), (b) (3) (A) | |
| SITE DESCRIPTION: | | | |
| Nearest Town: Luna | Allotment Name (if applicable): | | |
| Approximate Location: | | | |
| Coordinates: UTMN: (b) (6), (b) (3) (A) | UTME: (b) (6), (b) (3) (A) | | |
| Elevation: 8246 | Slope %: 5 | Aspect: | |
| Vegetative Cover: Grass land & cedar trees | | | |
| Topography (riparian, S. slope, bench, etc.): Rocky hillside, grassy with cedar trees | | | |
| General Description of Area: Grass land & cedar trees | | | |
| Date Complaint Received: 3/26/19 | Date Investigated: 3/27/19 | | |
| Land Ownership: <input checked="" type="checkbox"/> Private <input type="checkbox"/> FS <input type="checkbox"/> BLM <input type="checkbox"/> State <input type="checkbox"/> Tribal <input type="checkbox"/> Other: | | | |
| Type of animal: <input type="checkbox"/> Sheep <input type="checkbox"/> Lamb <input type="checkbox"/> Bull <input checked="" type="checkbox"/> Cow <input type="checkbox"/> Calf <input type="checkbox"/> Horse <input type="checkbox"/> Colt <input type="checkbox"/> Dog <input type="checkbox"/> Other: | | | |
| Number of Selected Animal: 1 | | | |
| Damage Type: <input checked="" type="checkbox"/> Killed <input type="checkbox"/> Injured <input type="checkbox"/> Harassment <input type="checkbox"/> Stillborn <input type="checkbox"/> Other: | | | |
| Breed: Black angus | | | |
| Ear Tag Number: 47 | | | |
| Sex: female | | | |
| Estimated time since death or injury: 5-7 days | | | |
| Estimated Age of Resource: 5 | | | |
| Are there other livestock in the area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Describe (how many, behavior, composition, distance from mortality). (b) cows & calf's didn't see any in that pasture | | | |
| EVIDENCE: | | | |
| Detection Method: <input checked="" type="checkbox"/> Report form owner <input type="checkbox"/> Birds <input type="checkbox"/> Other: | | | |
| Carnivore Tracks Present: <input type="checkbox"/> Mexican Wolf <input checked="" type="checkbox"/> Coyote <input type="checkbox"/> Mt. Lion <input type="checkbox"/> Black Bear <input type="checkbox"/> Other: | | | |
| Scat Present: <input type="checkbox"/> Mexican Wolf <input checked="" type="checkbox"/> Coyote <input type="checkbox"/> Mt. Lion <input type="checkbox"/> Black Bear <input type="checkbox"/> Other: | | | |
| Carnivores observed in area? Describe: No carnivores were observed | | | |
| Carcass hidden or in the open? Describe: Carcass was in open on hill side | | | |
| Carcass Covered? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Carcass Moved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Drag marks present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Collard Wolves in area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, then number: | | | |
| Blood on Vegetation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: | | | |
| Apparent point of first feeding: Rear | | | |
| Percentage of Carcass Remaining | | | |
| <input type="checkbox"/> 0-25%--No soft tissue, hide present, disarticulated. | | | |
| <input type="checkbox"/> 26-50%--All organs consumed, all or most of quarters consumed, partial disarticulation. | | | |
| <input checked="" type="checkbox"/> 51-75%--All organs and portions of the hind quarters consumed, front quarters and neck intact, articulated. | | | |
| <input type="checkbox"/> 76-100%--some organs consumed, most soft tissue intact, skeleton articulated. | | | |
| Describe any additional evidence that is discovered in the area: Clipped & skinned found no hemorrhages or bite marks but due to resent confirmed wolf depredation in general area marking it as probable. | | | |

DEPREDATION REPORT FORM

| | | | |
|--|---|--|---|
| Describe hemorrhages and corresponding marks seen while skinning the hide or other abnormalities (Location and type, e.g. claw marks on right hind leg, or canine marks on neck. | | | |
| Clipped & skinned found no hemorrhages or bite marks but due to resent confirmed wolf depredation in general area marking it as probable. | | | |
| Canine spread (if applicable): mm | | - | |
| Cause of Damage | | | |
| <input type="checkbox"/> | Confirmed | Carnivore (list Species): | Mexican gray wolf |
| <input checked="" type="checkbox"/> | Probable | | |
| <input type="checkbox"/> | Accident | | |
| <input type="checkbox"/> | Unknown | | |
| <input type="checkbox"/> | Other: | | |
| | | | |
| ADDITIONAL INFORMATION: | | | |
| Were photos taken of the site? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Was a veterinarian involved in cause of death determination? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| If yes, is a veterinarian report attached? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| SUMMARY OF INCIDENT (including preface and actions taken): | | | |
| Resource owner contacted Wildlife Services (WS) on 3-26-19, they found a dead cow and were requesting a depredation investigation. WS arrived on 3-27-19 to conduct the investigation. After examination, clipped the hair and skinned the cow. WS found no bite marks, hemorrhage or evidence of depredation from a predator. Coyotes & birds had fed on carcass. | | | |
| Lead Investigator: | (b) (6) | | |



1. Dead Cow – head view



2. Belly view



3. Calf eaten out – large bones chewed/broken



4. Calf jaw bone and rib bone