

Ohio Department of Agriculture

Division of Animal Industry

Integrated Wildlife Damage Management Plan (IWDMP) Agreement Form

Date _____

Name _____

Address _____

City _____ State _____ Zip _____ County _____

Telephone _____ Cell Phone _____

Latitude _____ Longitude _____

Type of Livestock _____ Number _____

Number of losses/injuries within the last 12 months and type of predation:

Type of practices (lethal/non lethal) currently implemented to reduce livestock predation:

Describe deficiencies with current practices relating to predation:

List specific recommendations needed to be implemented:

Equipment and/or supplies required to implement plan:

I agree to implement the above described recommendations in order to be paid for additional claims in this fiscal year.

Owners Signature Date Designated Official Date