

**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