

Claim Inspection Report
Sheep

Name:

Address:

Postal Code: Contract No.: Phone No.

Class	Number of Animals Destroyed	Ear Tag Number(s)
Registered Ram		
Grade Ram		
Registered Ewe		
Grade Ewe		
Registered Ram Lamb		
Grade Ram Lamb		
Registered Ewe Lamb		
Grade Ewe Lamb		

TOTAL ANIMALS:

Evidence of predation (tick all that apply):

- Bite Marks
- Bruising
- Blood
- Coyote/Bear Sighting
- Other:
- Feral Dog Sighting
- Puncture Wounds
- Remnants of Carcass
- Torn Carcass

Suspected cause of injury/death:

Agrifoods Development Branch was notified via on

"I carried out my inspection and verify this claim for animals to be correct."

 Agency Representative Date

"I agree the above statement is correct."

 Insured Producer Date