

# Ontario Wildlife Damage Compensation Reasonable Care Plan

## Owner Identification

Owner Last Name	Owner First Name
Business / Farm Business Name	

## Owner Business Address

Unit No	Street No	Street Name	Rural Route	PO Box
Email Address			Telephone Number	
City/Town			Province <b>ON</b>	Postal Code

## Basic Eligibility Requirements

**Farm Business Registration Number (FBRN):**

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OR, if the business does not have an FBRN:

I do not have an FBRN number, but have qualified for an exemption

**Location(s) where Care Measures have been implemented or are planned to be implemented. Premises Identification Number:**

<b>O</b>	<b>N</b>							
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If there are multiple premises, include additional Premises Identification Numbers:

Complete the following Reasonable Care Plan and submit it to the Administrator of the Ontario Wildlife Damage Compensation Program (OWDCP). Completion of this document is mandatory and will determine program eligibility. Please refer to the OWDCP Guidelines for further information on reasonable care and preventive measures.

OMAFRA extension staff may be in contact with you to connect you with resources, or clarify aspects of your plan.

### Current Care Measures

	WERE PREVENTATIVE MEASURES EMPLOYED?	WHAT PREDATION PREVENTION MEASURES WERE EMPLOYED?	DATE OF EMPLOYMENT
<p>FARM MANAGEMENT PRACTICES</p> <p>(E.g. Frequency of herd/ flock visits)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No		
<p>INVESTMENTS</p> <p>(E.g. electric net fencing)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No		
<p>SERVICES RETAINED</p> <p>(E.g. Retains the services of a hunter licenced)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No		

## Planned Care Measures that You (the Livestock Owner) Intend to Implement

	WILL FURTHER MEASURES BE EMPLOYED?	WHAT PREDATION PREVENTION MEASURES WILL BE EMPLOYED?	WILL BE EMPLOYED BY:
<p style="text-align: center;">FARM MANAGEMENT PRACTICE CHANGES</p> <p>(E.g. Frequency of herd/ flock visits)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No		
<p style="text-align: center;">ADDITIONAL INVESTMENTS</p> <p>(E.g. electric net fencing)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No		
<p style="text-align: center;">ADDITIONAL SERVICES RETAINED</p> <p>(E.g. Retains the services of a hunter licenced)</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No		

I intend to implement these planned predation mitigation measures and/ or current measures are reasonable and adequate for this production environment.

\*Please note additional pages may be attached and submitted with this form.

I attest that all of the information I have provided is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_