

# LIVESTOCK CLAIMS PROCEDURE

- I. In order to file a Livestock Claim against Cass County the following procedures must be followed:
  - A. Cass County Animal Control must be contacted immediately to initiate any claims against Cass County concerning dog attacks on livestock.
    1. A Cass County Livestock Loss Report will be completed by an Animal Control Officer.
      - a. An Animal Control Officer will visit location of attack to collect needed information.
      - b. Pictures of dead or damaged livestock must accompany report.
    2. Death of livestock must be directly caused by dog(s). If death is not directly caused by dog(s) there can be no claim against Cass County for reimbursement of damages to livestock.
  - B. Animal Control Manager will forward a Dog Attack/Livestock Claim notification letter, a completed copy of the Cass County Livestock Loss Report, and a blank Complaint Form to the Township Supervisor. The Complaint Form is to be completed by the Township Supervisor. Copies of the Dog Attack/Livestock Claim notification letter are forwarded to the claimant.
    1. Upon receipt of an accurate and complete Complaint Form from the Township Supervisor, the Animal Control Manager will review all materials. The Manager will make follow up calls and adjustments where he/she deems appropriate.
    2. Township supervisors will be reimbursed \$5.00 per report plus mileage (at the current County mileage reimbursement rate).
  - C. The Claims Committee will approve, reject, or adjust the livestock claim based on the available information.
    1. If approved, a check is issued at the next regularly scheduled Accounts Payable run.
    2. If rejected, a written communication is forwarded to the claimant outlining reasons for rejection of claim with a copy to the Animal Control Manager.
- II. General Guidelines Used for Livestock Prices:
  - A. Sheep, cattle, hogs, and horses are based on current livestock auction prices.
    1. Michigan Livestock Exchange is used as primary reference.
    2. Cass County MSU Extension Director may have comparative data.
  - B. General Prices for mature rabbits and fowl:
    1. Rabbits - \$3.00 to \$5.00 each.
    2. Geese - \$6.00 each.
    3. Chickens and Roosters - \$3.00 to \$5.00 each.
    4. Turkeys - \$18.00 each.

**ADOPTED: 10/14/97**

COMPLAINT OF OWNER FOR DAMAGES TO LIVESTOCK OR POULTRY, CAUSED BY DOGS

COMPLAINT

TO: \_\_\_\_\_ Supervisor, Township of \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address

STATE OF MICHIGAN,)
SS
COUNTY OF CASS)

\_\_\_\_\_ herewith files this complaint and recites:

1. That he/she resides at

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. That on or about \_\_\_\_\_, 19\_\_\_\_\_, on lands owner or controlled by him/her, a dog or dogs did cause damage to livestock or poultry owned by him/her, said livestock or poultry being described as:

No. Description Weight Age Alleged Value

3. That the owner of the dog or dogs which caused the damage is:

\_\_\_\_\_  
NAME ADDRESS

4. That the dog or dogs are described as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. That the complainant has not been reimbursed by the owner of the dog or dogs for said damage.

6. The amount of \$\_\_\_\_\_ was recovered as salvage.

7. That the amount of \$\_\_\_\_\_ is covered by insurance.

\_\_\_\_\_ Complainant

Subscribed and sworn to before me, a Notary for and said County and State on \_\_\_\_\_, 19\_\_\_\_\_

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Notary

My commission expires:

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## DOG ATTACK/LIVESTOCK CLAIM NOTIFICATION

Date

First Name, Last, Supervisor Township of  
Address  
City, State, Zip

RE: Dog Attack/Livestock Claim

Dear \_\_\_\_\_ :

Attached please find a copy of a report from Cass County Animal Control regarding dog attacks on livestock in your area. In order to process this claim, we will need the enclosed Complaint Form filled out by you, including any prices of the livestock involved. As soon as this claim is received back in our office, it will be submitted to the Board of Commissioners for consideration.

Also, please be sure signatures of yourself and the claimant are included on the claim form.

Thank you for your cooperation in this matter.

Sincerely,

\_\_\_\_\_, Manager  
Animal Control

enclosure

# Cass County Livestock Loss Report

Owner of livestock: \_\_\_\_\_ Twp. & Supervisor:  
\_\_\_\_\_

Address: \_\_\_\_\_ Zip:  
\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Breed of Livestock:  
\_\_\_\_\_  
\_\_\_\_\_

Approx. Ages: \_\_\_\_\_ No. Killed: \_\_\_\_\_ No. Injured: \_\_\_\_\_ Date reported:  
\_\_\_\_\_

Did R. O. view dead livestock? Yes  No  Weight each:  
\_\_\_\_\_

Date killed \_\_\_\_\_ Approx. Time  
\_\_\_\_\_ AM \_\_\_\_\_ PM

Did owner see the dogs? Yes  No  Cost each animal  
\_\_\_\_\_

Were dogs seen at scene of loss? Yes  No  Complaint #  
\_\_\_\_\_

Description of dogs involved and number of dogs, breed, color, etc.:

#1 \_\_\_\_\_  
\_\_\_\_\_

#2 \_\_\_\_\_  
\_\_\_\_\_

#3 \_\_\_\_\_  
\_\_\_\_\_

#4 \_\_\_\_\_  
\_\_\_\_\_

#5 \_\_\_\_\_  
\_\_\_\_\_

Owner's name of dogs involved:  
\_\_\_\_\_

**NAME**

Address: \_\_\_\_\_ Zip:  
\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Witnesses? Yes  No  Their Names:  
\_\_\_\_\_

**NAME**

Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Does owner have insurance for livestock? Yes  No  Deductible amt. \$

\_\_\_\_\_

Insurance company name:

\_\_\_\_\_

\_\_\_\_\_

Officer's notes:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claimant

Officer's Signature