

M-44 APPLICATOR'S MONTHLY REPORT

NAME: _____
 ADDRESS: _____
 CITY & ZIP: _____

PHONE: (____) _____

COUNTY: _____
 MONTH/YEAR: _____/2019

PLACEMENT LOCATION(S) by T R S¹: _____
¹ T R S stands for Town Range & Section

Number of Species Taken

Site Location	Devices Placed	Caps Placed	Caps Fired	Capsules Retrieved	Coyote	Fox	Dog	Bobcat	Badger	Skunk	Other	Unknown
Sheep Pasture												
Cattle Pasture												
Rangeland												
TOTAL												

Total number of M-44 Units in the field (last day of each month): _____ **Applicator's Signature:** _____

Comments: _____

REPORT OF LIVESTOCK LOSSES

Lamb (LA) Sheep (SH) Calf (CA) Cattle (CT) Other (provide name)

Producer Name / Address	Type of Livestock	Number of Livestock Lost

List and describe any accidents or injuries to humans, domestic animals, or nontarget wildlife species (write on back if needed): _____

Name of individual who has knowledge of exact location of all sodium cyanide capsules placed in M-44 devices in the field.
 Name: _____ Phone: (____) _____
 Address: _____ City & Zip: _____

Send Monthly M-44 Reports on June 30th and December 31st of each year to:
Montana Department of Agriculture, 625 NE Main St. Ste 3 Lewistown, MT 59457