

## M-44 APPLICATOR'S MONTHLY REPORT

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY & ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

COUNTY: \_\_\_\_\_  
 MONTH/YEAR: \_\_\_\_\_

PLACEMENT LOCATION(S) by T R S<sup>1</sup>: \_\_\_\_\_

<sup>1</sup> T R S stands for Town Range & Section

### 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												
<b>TOTAL</b>												

# of Coyotes taken per the # of each set location made	<b>KS*</b>	<b>DS</b>	<b>BP</b>	<b>TT</b>	<b>RW</b>	<b>SW</b>	<b>DA</b>	<b>O(____)</b>
	/	/	/	/	/	/	/	/

\* Refer to M-44 Record Diary Key for Set Location Codes

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 30<sup>th</sup> and December 31<sup>st</sup> of each year to:**  
 Montana Department of Agriculture, 625 NE Main St. Ste 3 Lewistown, MT 59457