COOKE COUNTY APPRAISAL DISTRICT WILDLIFE MANAGEMENT UPDATE

	ag.wdlf@cookecad.org 940-665-7651 x 114			
	PROPERTY UNDER THE NAME OF:			
	PHONE NUMBER:			
	EMAIL ADDRESS:			
	PROPERTY NICKNAME:			
LIST OF	DF ALL PROPERTY ID NUMBERS UNDER WILDLIFE MANAGEMENT:			
YEAR IN	N WHICH ACTIVITIES WERE COMPLETED:			
ACRES	S CURRENTLY IN WILDLIFE MANAGEMENT:ACRES			
1) For HA	 HABITAT CONTROL: (Wildlife Plan – 1 yr; grazing mgmt. – 1 yr; prescribed burning 15% of property – enhancement (re-seeding) 10% of property – 1 yr; brush mgmt. 10% of property – 1 yr; vegetation yr; fence modification – 5 yrs; riparian mgmt. & enhancement – 5 yrs; wetland enhancement – 5 protection / species of concern – 5 yrs; prescribed control of species10 % of property – 1 yr; wildlife – 1 yr) ABITAT CONTROL – 	surveys – 1 yrs; habitat		
	Describe in detail, include the year implemented			
2)	 EROSION CONTROL: (Pond Construction – 5 yrs; gully shaping – 5 yrs; streamside, pond, wetland rev 3 yrs; native plant establishment on erodible areas 150 lbs planted – 1 yr; dike/levee construction / yrs; establish water diversion – 5 yrs) 	-		
For ER	ROSION CONTROL – I did no erosion control			

I did the following for erosion control

Describe in detail, including year implemented

3) PREDATOR CONTROL: (Predator management – 1 yr; Control of Brown-headed Cowbirds 100 lbs of dead birds – 1 yr; Grackle/Starling control 100 lbs of dead birds – 1 yr)

For PREDITOR CONTROL -I did no predator control I did the following for predator control Describe in detail the type of predator and number of kills 4) **SUPPLEMENTAL WATER**: (Marsh/Wetland Restoration or Development – 5 yrs; Well/Trough/Windmill Overflow - 5 yrs; Spring Development and /or Enhancement - 5 yrs.) I did no supplemental water For SUPPLEMENTAL WATER -I did the following for supplemental water Describe in detail the type of supplemental water and year implemented 5) **SUPPLEMENTAL FOOD**: (Grazing Management – 1 yr; Prescribed Burning 15% of property – 1 yr; Range enhancement / re-seeding 10% of property – 1 yr; fence modification – 5 yrs; food plots – 1 yr; feeders & mineral supplementation minimum of 1 per 320 acres – 1 yr; managing tame pasture, old fields, croplands 5% of property – 1 yr) For SUPPLEMENTAL FOOD -I did no supplemental food I did the following for supplemental food Describe in detail the amount and type of supplemental food, the seasons that food is available, and year the fence modification, if any was implements.

6) **SUPPLEMENTAL SHELTER**: (Nest boxes, Bat Boxes – 1 yr; Brush Piles & Slash Retention on 3% of property – 1 yr; Fence line mgmt. 300 ft - 1 yr; Cropland mgmt. - 1 yr; Half-cutting trees or shrubs on 10% of property - 1 yr; Woody plant/shrub establishment 500 lbs -1 yr; Natural cavity/snag development 5 acres -1 yr)

For SUPPLEMENTAL	SHELTER -
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I did no supplemental shelter I did the following for supplemental shelter

Describe in detail the the shelter you provided, including the target animal

7) CENSUS: Note: Some form of census is required by the Cooke County Chief Appraiser, but this requirement does not have to be to the degree of intensity required by the state. If you are managing the wildlife, you must be able to prove through census, that your management is successful: (Intensity / qualifying census includes the following: Spotlight Counts – 3 yrs; Aerial counts – 1 yr; Daylight wildlife counts 3 @ 5mi- 1 yr; Harvest Data collection & record keeping - 1 yr; Browse utilization surveys - 1 yr; Endangered, threatened or protected species – 1 yr; Non-game wildlife species – 1 yr; Time / area counts

- 1 yr; Roost counts - 1 yr; Song Bird transects & counts - 1 yr; Quail call & convey counts - 1 yr; Point counts - 1 yr)

For CENSUS -



I did no formal census I did the following census

Describe in detail the type of census, when it was conducted, and the results

Describe all target animals with details and census count

DEER: _____

TURKEY:

Signed by:	Date:	/	PAGE 4
Signed by:	Data	,	1
Printed Name:			
OTHER (NAME):			
BAT:			
SONG BIRD:			
WATER FOWL:			
DOVE:			
DOVE			
QUAIL:			