

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET - INDEMNITY CLAIM FOR:

1. LEGAL NAME AND MAILING ADDRESS OF OWNER-CLAIMANT (No. and Street, or R. F. D. No., City and Zip Code) (Type or print)

2. PAGE _____ OF _____
3. PROPER NAME OF DISEASE INVOLVED _____

ANIMALS DESTROYED MATERIALS DESTROYED

LINE	APPRAISED		IDENTIFICATION <i>(Animals-Reactor Tag No. or Breed, Age, Sex, Tag No., Tattoo, Brand or other; Materials-Lbs., Bu., Tons, Board Feet, etc.)</i>			APPRAISAL		WEIGHT OR NO. UNITS	TOTAL APPRAISAL		SALVAGE <i>(From VS 1-24)</i>	DIFFERENCE	AMOUNT DUE FROM		
	NO.	SPECIES	AGE	SEX	BREED	VALUE PER UNIT	UNIT <i>(Head, Lb., Tons, etc.)</i>		GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS			UNITED STATES	STATE AGENCY	
	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1							\$			\$		\$		\$	
2															
3															
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24															
Subtotals (Carry Forward to Page 1, VS Form 1-23)							\$			\$		\$		\$	