

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 | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | |
| Subtotals (Carry Forward to Page 1, VS Form 1-23) | | | | | | | \$ | | | \$ | | \$ | | \$ | |