

This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless this report is completed and filed as authorized under (9 CFR Part 51)

OMB Approved
0579-0007, 0579-0047, 0579-0208, and 0579-0305

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0007, 0579-0047, 0579-0288, and 0579-0305. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

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

CONTINUATION SHEET - INDEMNITY CLAIM FOR

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	9	VALUE PER UNIT	UNIT <i>(Head, Lb., Tons, etc.)</i>		10	11			12	13	14	15	16	17	18
1	4	5	6	7	8				\$			\$	\$	\$	\$	\$	\$			
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) →																				