See instructions on reverse of VS Form 1-23, Part 5

YOU ARE MAKING 5 COPIES – PRESS HARD

Attach this form to VS Form 1-23

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, 0579-0101, 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, 0579-0101, 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

CONTINUATION SHEET – INDEMNITY CLAIM FOR

☐ **ANIMALS DESTROYED** ☐ **MATERIALS DESTROYED**

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 IMVOLVED

LINE	APPRAISED		IDENTIFICATION (*Animals-Reactor Tag No. or Breed, Age, Sex, Tag No., Tattoo, Brand or other, Materials-Lbs., Bu., Tons, Board Feet, etc.*)				APPRAISAL		WEIGHT OR NO. UNITS	TOTAL APPRAISAL		SALVAGE (*From VS 1-24*)	DIFFER-ENCE	AMOUNT DUE FROM	
	NO.	SPECIES	AGE	SEX	BREED	9	VALUE PER UNIT	UNIT (*Head, Lb., Tons, etc.*)		GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS			UNITED STATES	STATE AGENCY
	4	5	6	7	8		10	11	12	13	14	15	16	17	18
1							$			$	$	$	$	$	$
2															
3															
4															
5															
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21															
22															
23															
24															
		← **Subtotals (Carry Forward to Page 1, VS Form 1-23)** →								$	$	$	$	$	$

VS Form 1-23A
MAY 2009