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OMB APPROVED
0579-0007, 0579-00047, 0579-0065, 0579-0101,
0579-0146, 0579-0189, 0579-0192, and 0579-0474

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

APPRAISAL AND INDEMNITY CLAIM

ANIMALS DESTROYED MATERIALS DESTROYED SERVICES PROVIDED

This information is required to be completed for the appraisal of animals, materials, and/or services for which indemnity is claimed. No monies or other benefits may be paid out unless this report is completed and filed as authorized.

SECTION I - CLAIMANT INFORMATION

| | | | | | | | | | |
|---|--|---|------------|--|--|---|--|------------|---------------|
| 1. DISEASE NAME | | 6. PREMISES IDENTIFICATION NUMBER | | | 11. CLAIMANT(S) LEGAL NAME (must match DUNS/SAMS information in Item 10) | | | | |
| 2. HERD/FLOCK/GROUP IDENTIFICATION | | 7. PREMISES WHERE APPRAISAL WAS MADE (if different from Item 12; must match Item 6) | | | 12. CLAIMANT MAILING ADDRESS (number and street, or RFD) | | | | |
| 3. HERD/FLOCK/GROUP DISEASE STATUS | | 8. PREMISES ADDRESS (number and street, or RFD) | | | 13a. CITY | | 13b. COUNTY | 13c. STATE | 13d. ZIP CODE |
| 4. DATE(S) ANIMALS/MATERIALS DESTROYED AND/OR SERVICES PROVIDED | | 9a. CITY | 9b. COUNTY | 9c. STATE | 9d. ZIP CODE | 14. CLAIMANT IS <input type="checkbox"/> OWNER <input type="checkbox"/> CONTRACT GROWER <input type="checkbox"/> OTHER (specify) | | | |
| 5. DATE OF CLEANING AND DISINFECTING | | 10a. DUNS NUMBERS | | 10b. SAMS REGISTERED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | 15. IF JOINT OWNERSHIP, GIVE FULL NAMES OF ALL OWNERS (if same as Item 11, so state) | | |

SECTION II - APPRAISAL FOR ALL SPECIES EXCEPT AVIAN

| A. ANIMALS APPRAISED | | | | | | B. APPRAISAL | | | C. TOTAL CLAIM | | | D. AMOUNT DUE FROM | | |
|--|---|-------------|---------|---------|-----------|--|--------------------------------|----------------------------|---------------------|---------------------|----------------------------|--------------------|----------------------|-----------|
| L I N E | 16. DESCRIPTION/IDENTIFICATION OF ANIMALS | 17. SPECIES | 18. AGE | 19. SEX | 20. BREED | 21. RELATED PAGE NUMBERS FOR VS FORM 1-23A | 22. UNIT (head, LB, ton, etc.) | 23. NUMBER OF UNITS/WEIGHT | 24a. VALUE PER UNIT | 25. TOTAL APPRAISAL | 26. SALVAGE (VS Form 1-24) | 27. DIFFERENCE | 28. U.S. GOVT AGENCY | 29. OTHER |
| 1 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 2 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 3 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 4 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 5 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 24b. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS (attach to this form) <input type="checkbox"/> | | | | | | GRAND TOTALS (basis for payment) | | | | \$ | \$ | \$ | \$ | \$ |

SECTION III - APPRAISAL FOR AVIAN SPECIES

| A. BIRDS/EGGS APPRAISED | | | | | | B. APPRAISAL | | | C. TOTAL CLAIM | | | D. AMOUNT DUE FROM | | |
|--|--|----------------|---------|---------|---------------------|--|------------------------|----------------------------|---------------------|---------------------|----------------------------|--------------------|----------------------|-----------|
| L I N E | 30. DESCRIPTION/IDENTIFICATION OF ANIMALS (barn and flock numbers) | 31. AVIAN TYPE | 32. AGE | 33. SEX | 34. DAYS IN 2ND LAY | 35. RELATED PAGE NUMBERS FOR VS FORM 1-23A | 36. UNIT (head or egg) | 37. NUMBER OF UNITS/WEIGHT | 38a. VALUE PER UNIT | 39. TOTAL APPRAISAL | 40. SALVAGE (VS Form 1-24) | 41. DIFFERENCE | 42. U.S. GOVT AGENCY | 43. OTHER |
| 1 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 2 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 3 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 4 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 5 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ |
| 38b. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS (attach to this form) <input type="checkbox"/> | | | | | | GRAND TOTALS (basis for payment) | | | | \$ | \$ | \$ | \$ | \$ |

SECTION IV - APPRAISAL FOR PATHOGEN ELIMINATION

| A. PROCESSED APPRAISED | | B. APPRAISAL | | | C. TOTAL CLAIM | | | | | |
|---|---|---|---------------------------------------|----------------------------------|---------------------|---|---------------|--|---------------|-----------|
| L I N E | 44. DESCRIPTION OF PATHOGEN ELIMINATION PROCESS | 45. UNIT (gallons, hours, square foot, etc.) | 46. NUMBER OF UNITS, HOURS, OR WEIGHT | 47a. PRICE PER UNIT | 48. TOTAL APPRAISAL | 49. DATE REQUIREMENTS MET FOR FIRST PAYMENT | 50. PAYMENT 1 | 51. DATE REQUIREMENTS MET FOR SECOND PAYMENT | 52. PAYMENT 2 | 53. NOTES |
| 1 | | | | \$ | \$ | | \$ | | \$ | |
| 2 | | | | \$ | \$ | | \$ | | \$ | |
| 3 | | | | \$ | \$ | | \$ | | \$ | |
| 4 | | | | \$ | \$ | | \$ | | \$ | |
| 5 | | | | \$ | \$ | | \$ | | \$ | |
| 47b. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING PRICING (attach to this form) <input type="checkbox"/> | | | | GRAND TOTALS (basis for payment) | | | \$ | | \$ | |

SECTION V - APPRAISAL FOR MATERIALS DESTROYED AND SERVICES PROVIDED

| A. MATERIALS/SERVICES APPRAISED | | B. APPRAISAL | | | C. TOTAL CLAIM | | | | | |
|--|---|---|---|---------------------------------------|---------------------|------------------------|----------------------------|----------------|-----------------|-----------|
| L I N E | 54. DESCRIPTION OF MATERIALS DESTROYED AND/OR SERVICES PROVIDED | 55. ADDITIONAL INFORMATION ATTACHED? | 56. UNIT (gallons, hours, square foot, etc.) | 57. NUMBER OF UNITS, HOURS, OR WEIGHT | 58a. PRICE PER UNIT | 59. APPRAISAL SUBTOTAL | 60. SALVAGE (VS Form 1-24) | 61. DIFFERENCE | 62. GRAND TOTAL | 63. NOTES |
| 1 | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | \$ | \$ | \$ | \$ | \$ | |
| 2 | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | \$ | \$ | \$ | \$ | \$ | |
| 3 | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | \$ | \$ | \$ | \$ | \$ | |
| 4 | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | \$ | \$ | \$ | \$ | \$ | |
| 5 | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | \$ | \$ | \$ | \$ | \$ | |
| 58b. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF MATERIALS AND/OR SERVICES (attach to this form) <input type="checkbox"/> | | | | GRAND TOTALS (basis for payment) | | | \$ | \$ | \$ | \$ |

SECTION VI - CERTIFICATIONS

| | | | | | | | | |
|--|------------|----------------------|---|---|---------------|--|----------|-------------------------|
| OWNER-CLAIMANT MORTGAGOR CERTIFICATION | | | | CERTIFICATION AND APPRAISAL CERTIFICATE | | | | |
| I certify that the animals, materials, and/or services identified in this claim are mortgaged (check and initial one). <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | I certify that the animals and/or materials listed above are properly identified and are eligible for indemnity and that animals, services, and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value. | | | | |
| I further certify that I own or am authorized to represent the owner, or am otherwise the claimant, of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with applicable laws and regulations. I hereby agree that the appraised value of animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive any claim I may have to compensation for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraised as shown on this claim. I further agree to the destruction of said animals and/or materials. | | | | 69. DATE ANIMALS/MATERIALS APPRAISED AND/OR TAGGED AND BRANDED | | 70. CALCULATOR AND/OR APPRAISAL METHOD USED | | |
| 64. SIGNATURE OF CLAIMANT OR AUTHORIZED REPRESENTATIVE AS SHOWN IN ITEM 11 | | | 65. Date | 71. NAME, TITLE, AND SIGNATURE OF GOVT APPRAISER/REPRESENTATIVE | | | | |
| 66. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE | | | 67. Date | 72. NAME, TITLE, AND SIGNATURE OF SPECIAL EXPERT APPRAISER | | | | |
| 68a. MORTGAGEE MAILING ADDRESS | | | | STATE CERTIFICATION | | | | |
| 68b. CITY | | | | 68c. STATE | 68d. ZIP CODE | I certify the amount in Item 29 as due from the State Agency is correct and each such amount has been or will be paid to the Claimant. | | |
| | | | | 73. NAME, TITLE, AND SIGNATURE OF STATE REPRESENTATIVE | | | | |
| 76. IF MORTGAGED, FEDERAL INDEMNITY PAYMENT WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO: <input type="checkbox"/> OWNER-MORTGAGOR (Item 11) <input type="checkbox"/> MORTGAGEE (Item 11) | | | | 74. STATE AGENCY | | 75. DATE | | |
| APPROVED | 77. FOR \$ | 78. ALLOTMENT NUMBER | 79. BY NAME, TITLE, AND SIGNATURE OF APPROVAL AUTHORITY | | | | 80. DATE | 81. PAGE _____ OF _____ |