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 these information collections are 0579-0007, 0579-0047, 0579-0101, 0579-0110, 0579-0189, and 0579-0192. The time required to complete this information collection is estimated to average between .16 and 40 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.

OMB APPROVED

0579-0007, 0579-0047, 0579-0065, 0579-0101, 0579-0146, 0579-0189, and 0579-0192

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

APPRAISAL AND INDEMNITY CLAIM

| VETERINARY SERVICES | | | | | | | ☐ ANIMALS DESTROYED ☐ MATERIALS DESTROYED ☐ SERVICES PROVIDED | | | | | | | | | |
|--|---|----------------------|------------|------------|------------------------------|---|---|----------------------------------|--|--|---------------------------------|-------------------------|--------------------------|---------------|--|--|
| | This information is required to be com | pleted for | the app | raisal o | f animals, | materials, and/or | services for | which indemnity | is claimed. No moi | nies or other benefi | ts may be paid οι | ıt unless this report i | is completed and filed a | s authorized. | | |
| | | | | | | | SECTION | I - CLAIMANT | INFORMATIC | ON | | | | | | |
| 1. DISEASE NAME 6. PREMISES IDENTIFICATION NUMBER | | | | | | | | | | 11. CLAIMANT(S) LEGAL NAME (must match DUNS/SAMS information in Item 10) | | | | | | |
| 2. H | ERD/FLOCK/GROUP IDENTIFICATION | SES WH | IERE AF | PPRAISAL | WAS MADE (if dif | ferent from It | em 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 | | | |
| | ATE(S) ANIMALS/MATERIALS DESTROYED N/OR SERVICES PROVIDED | 9a. CITY 9b. COUNTY | | | | | 9c. STATE 9d. ZIP CC | | | 14. CLAIMANT IS OWNER CONTRACT GROWER OTHER (specify) | | | | | | |
| 5. D | ATE OF CLEANING AND DISINFECTING | 10a. DUN | S NUME | BERS | <u> </u> | 1 | 0b. SAMS R | EGISTERED | | 15. IF JOINT OWNERSHIP, GIVE FULL NAMES OF ALL OWNERS (if same as Item 11, so state) | | | | | | |
| | | | | | | | | YES | NO | | | | | | | |
| | | | | | | SECTION II | - APPRA | ISAL FOR AL | L SPECIES EX | CEPT AVIAN | | | | | | |
| | A. ANIMAI | AISED | | | | | B. APPRAIS | SAL | | C. TOTAL CLA | D. AMOUNT DUE FROM | | | | | |
| L N E | 16. DESCRIPTION/IDENTIFICATION OF ANIMALS | 17. SPECIES | 18. AGE | 19. SEX | 20. BREED | 21. RELATED PAGE NUMBERS FOR VS FORM 1-23/ | (head, LB, | 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 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ | | |
| | | | | | | | D TOTALS for payment) | | | \$ | \$ | \$ | \$ | \$ | | |
| | | | | | | SEC | TION III - | APPRAISAL F | OR AVIAN SP | ECIES | • | • | | | | |
| | A. BIRDS/EC | GS APP | RAISE | D | | | | B. APPRAIS | SAL | | C. TOTAL CLA | D. AMOUNT DUE FROM | | | | |
| L 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 1-23/ | (head | 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 | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ | | |
| | | | | | | D TOTALS for payment) | | | \$ | \$ | \$ | \$ | \$ | | | |

| | SECTION IV - APPRAISAL FOR PATHOGEN ELIMINATION | | | | | | | | | | | | | | | | | |
|--|---|---|---|------------------------------------|----------|--|------------|---|---|----------|----------------------------------|--|--|--------------------|--|----------------|--|--|
| | A DDOCESSE | D ADDDAIGED | T | D APP | AICA | SECTION | 17 - | | | | | | | | | | | |
| | A. PROCESSE | B. APPRAISAL | | | | 1 | | C. TOTAL CLAIM | | 1 | | | | | | | | |
| L – Z E | | N OF PATHOGEN ION PROCESS | 45. UNIT (gallons, hours, square foot, etc.) | | | 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 | | | | | | \$ | | \$ | | | \$ | | \$ | | | | | |
| | SOURCE OF PRICE CING (attach to this fo | GRAND TOTA (basis for pay) | ment) | | | | \$ | | \$ | | | | | | | | | |
| | | | | SECT | ON V - | APPRAIS | AL F | OR MATERIAL | ALS DESTROYED AND SERVICES PROVIDED | | | | | | | | | |
| | A. MATERI | ALS/SERVICES APPI | RAISED | | | B. APPRAI | ISAL | | | | | | | | | | | |
| п Z − г | DESCRIPTIO DESTROYED / | N OF MATERIALS AND/OR SERVICES OVIDED | 55. ADDITIONAL INFORMATION ATTACHED? | 56. UN (gallons square fo | hours, | 57. NUMBER (UNITS, HOU OR WEIGH | OF JRS, | 58a. PRICE PER UNIT | 59. APPRAISAL SUBTOTAL | | 60. SALVAGE (VS Form 1-24) | 61. DIFFERENCE | 62. GRAND TOTAL | ND TOTAL 63. NOTES | | | | |
| 1 | | | YES NO | | | | | \$ | \$ | | \$ | \$ | \$ | | | | | |
| 2 | | | YES NO | | | | | \$ | \$ | | \$ | \$ | \$ | | | | | |
| 3 | | | YES NO | | | | | \$ | \$ | | \$ | \$ | \$ | | | | | |
| 4 | | | YES NO | | | | | \$ | \$ | | \$ | \$ | \$ | | | | | |
| 5 | ☐ YES ☐ NO | | | | | | | \$ | \$ | | \$ | \$ | \$ | | | | | |
| 58b. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF MATERIALS AND/OR SERVICES (attach to this form) GRAND TOTALS (basis for payment) | | | | | | | | | \$ | | \$ | \$ | \$ | | | | | |
| | | | | | | | , | SECTION VI - C | CERTIFI | CATIO | NS | | | | | | | |
| OWNER-CLAIMANT MORTGAGOR CERTIFICATION I certify that the animals, materials, and/or services identified in this claim are mortgaged (check and initial one). Yes No 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 fully understand my right to compensation in accordance with all 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 ic animals and/or materials. CERTIFICATION AND APPRAISAL CERTIFICATE I certify that the animals and/or materials listed above are properly identified and are eligible for indemnity and that animal services, and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equivalent. Services, and/or materials show are appraised individually unless all animals or materials in a group are of equivalent. Services, and/or materials show are appraised individually unless all animals or materials in a group are of equivalent. Services, and/or materials show are appraised individually unless all animals or materials in a group are of equivalent. Services, and/or materials show are appraised individually unless all animals or materials in a group are of equivalent. Services, and/or materials show are appraised individually unless all animals or materials in a group are of equivalent. Services, and/or materials show are appraised individually unless all animals or materials in a group are of equivalent. Services, and/or materials show are appraised individually unless all animals or materials in a group are of equivalent. Services, and/or materials listed above are properly identified in this size above are properly identified in this size. Services, and/or materials listed above are properly identified in | | | | | | | | | | | | | | | | | | |
| 64. 8 | SIGNATURE OF CLA | EM 11 | 65. Da | te | | 71. NAME, TITLE, AND SIGNATURE OF GOV'T APPRAISER/REPRESENTATIVE | | | | | | | | | | | | |
| 66. N | NAME AND SIGNATU | 1 | 67. Da | te | | 72. NAME, TITLE, AND SIGNATURE OF SPECIAL EXPERT APPRAISER | | | | | | | | | | | | |
| 68a. | MORTGAGEE MAIL | ING ADDRESS | | | | - 1 | | I certify the amount in Item 29 a Claimant. | | | | | STATE CERTIFICATION as due from the State Agency is correct and each such amount has been or will be paid to the | | | | | |
| 68b. | CITY | | | | 68c. STA | TE | 68d. Z | IP CODE | | 73. NAME | E, TITLE, AND SIGN | IATURE OF STATE | <u> </u> | | | | | |
| 76. IF MORTAGED, FEDERAL INDEMNITY PAYMENT WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO: OWNER-MORTGAGOR (Item 11) MORTGAGEE (Item 11) MORTGAGEE (Item 11) | | | | | | | | | | | | | | | | | | |
| | | 77. FOR \$ | 78. ALLOTMENT N | | 79. BY N | AME, TITLE, A | ND SI | GNATURE OF APPI | ROVAL AU | ITHORITY | (| | | 80. DATE | | 81. PAGE OF | | |

Privacy Act Notice

Veterinary Services - Brucellosis Information System and Brucellosis Recording and Reporting System

Authority: 21 U.S.C. 111, 112, 114, 114a-1, 115, 120, 121, 125, 134a-134f and title 9, Code of Federal Regulations, part 51 and part 78.

Purpose and Routine Uses:

Routine uses of records maintained in the system, including categories of users and the purposes of such uses:

- 1) Detecting the foci of infection to reduce the rate of spread of infection to new herds;
- 2) Evaluating brucellosis program activities of State, Federal, and contractual personnel;
- 3) Preparing mailing labels and preaddressed forms to enhance field activities:
- 4) Evaluating program effectiveness;
- 5) Detecting factors of epidemiologic importance in containing or eliminating foci of infected herds;
- 6) Assuring that brucellosis indemnities are promptly and properly paid;
- 7) Notification of livestock owners with the animals at high risk of exposure to brucellosis because of livestock movements or an outbreak of disease or presence of quarantined premises in a community;
- 8) Referral to the appropriate agency, whether Federal, State, local, or foreign, charged with responsibility of investigating or prosecuting a violation of law concerning animal disease control and eradication, or of enforcing or implementing a statute, rule, regulation, or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law concerning animal disease control and eradication, whether civil, criminal, or regulatory in nature, and either arising by general statute or particular program statute, or by rule, regulation, or court order issued pursuant thereto;
- 9) Litigation by the Department of Justice when the agency, or any component thereof, or any employee of the agency in his or her official capacity, or any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee, or the United States, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice is deemed by the agency to be relevant and necessary to the litigation; provided, however, that in each case, the agency determines that disclosure of the records to the Department of Justice is a use of the information contained in the records that is compatible with the purpose for which the records were collected;
- 10) Use in a proceeding before a court or adjudicative body before which the agency is authorized to appear, when the agency, or any component thereof, or any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or the United States, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the agency determines that use of such records is relevant and necessary to the litigation; provided, however, that in each case, the agency determines that disclosure of the records to the court is a use of the information contained in the records that is compatible with the purpose for which the records were collected; and
- 11) Response to a request from a congressional office from the record of an individual made at the request of that individual. To certain Federal and State animal health officials to conduct, analyze, and report on the progress of animal disease control or surveillance programs.

Disclosure: Furnishing this information is voluntary; however, failure to furnish this information may impede brucellosis eradication activities.