

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

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> | | GRADE ANIMALS OR MATERIALS 13 | PUREBRED ANIMALS 14 | | | 15 | 16 | UNITED STATES 17 | STATE AGENCY 18 |
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| ← Subtotals (Carry Forward to Page 1, VS Form 1-23) → | | | | | | | | | | \$ | \$ | \$ | \$ | \$ | \$ | | |