

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, 0579-0065, 0579-0101, 0579-0146, 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, 0579-0065, 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

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 GOV'T 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 _____