

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							
CONTINUATION SHEET – INDEMNITY CLAIM FOR <input type="checkbox"/> ANIMALS DESTROYED <input type="checkbox"/> MATERIALS DESTROYED										3. PROPER NAME OF DISEASE INVOLVED							
LINE NO.	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	PUREBRED ANIMALS			13	14	UNITED STATES	STATE AGENCY
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	← Subtotals (Carry Forward to Page 1, VS Form 1-23) →									\$	\$	\$	\$	\$	\$		