See instructions on reverse of VS Form 1-23, Part 5

YOU ARE MAKING 5 COPIES - PRESS HARD

Attach this form to VS Form 1-23 OMB Approved

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)

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							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			F
	ANIMA	CONTINU		SHEE	T – INDE	EMNITY CLAIM FOR MATERIALS DESTROYED						3. PROPER	NAME OF DI	SEASE IMVO	LVED
ш	AF	PPRAISED	(Animals-Reactor Tag No. or Materials-L			IDENTIFICATION Breed, Age, Sex, Tag No., Tattoo, Brand or other, IS., Bu., Tons, Board Feet, etc.)	APPRA		WEIGHT OR NO.	TOTAL APPRAISAL		SALVAGE (From VS 1-24)	DIFFER- ENCE	AMOUNT DUE FROM	
LINE	NO.	SPECIES	AGE	SEX	BREED	9	VALUE PER UNIT	UNIT (Head, Lb., Tons, etc.)	UNITS	GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS			UNITED STATES	STATE AGENCY
1	4	5	6	7	8		10 \$	11	12	\$	\$	15 \$	16 \$	17 \$	\$
							Φ			Φ	Φ	Φ	Φ	Ф	Φ
2															
3															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															_
	Subtotals (Carry Forward to Page 1, VS Form 1-23)								\$	\$	\$	\$	\$	\$	