

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 the report is completed and filed as authorized under (9. CFR 51).	According to the Paperwork Reduction Act of 1085, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0047. The time to complete this collection of information is estimated to average .0160 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.	OMB NUMBER 0579-0047
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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>APPRAISAL AND INDEMNITY CLAIM FOR</b>  <input type="checkbox"/> ANIMALS DESTROYED <input type="checkbox"/> MATERIALS DESTROYED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">1. VS PROGRAM DISEASE NAME</td> <td style="width:50%; border-bottom: 1px solid black;">2. PREMISES IDENTIFICATION NO.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">3. HERD/FLOCK IDENTIFICATION NO.</td> <td style="border-bottom: 1px solid black;">4. HERD/FLOCK DISEASE STATUS</td> </tr> <tr> <td style="border-bottom: 1px solid black;">5. DATE ANIMALS/MATERIALS DESTROYED</td> <td style="border-bottom: 1px solid black;">6. DATE OF CLEANING AND DISINFECTING</td> </tr> </table>	1. VS PROGRAM DISEASE NAME	2. PREMISES IDENTIFICATION NO.	3. HERD/FLOCK IDENTIFICATION NO.	4. HERD/FLOCK DISEASE STATUS	5. DATE ANIMALS/MATERIALS DESTROYED	6. DATE OF CLEANING AND DISINFECTING
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5. DATE ANIMALS/MATERIALS DESTROYED	6. DATE OF CLEANING AND DISINFECTING						

7.a. OWNER-CLAIMANT LEGAL NAME	9.a. PREMISES WHERE APPRAISAL WAS MADE (If different from Item 7)
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7.b. OWNER-CLAIMANT MAILING ADDRESS (Number & street, or RFD)	9.b. PREMISES ADDRESS (Number & street, or RFD)
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7.c. CITY	7.d. STATE	7.e. ZIP CODE	9.c. CITY	9.d. STATE	9.e. ZIP CODE
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8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS (If same as Item 7.a., so state)	10. COUNTY
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APPRAISED							APPRAISAL			TOTAL APPRAISAL			AMOUNT DUE FROM				
L	I	N	E	11. DESCRIPTION/IDENTIFICATION/PAGE NO. OF VS FORM 1-23A (Description of Materials of Animal-reactortag No., Animal ID No., tattoo, Tag, or Brand)	12. SPECIES	13. AGE	14. SEX	15. BREED	16. GRADE PUREBRED/MATERIALS	17. UNIT (head, lb, ton, etc)	18. NO. UNITS/WEIGHT	19. VALUE PER UNIT	20. TOTAL APPRAISAL	21. SALVAGE VS FORM 1-24	22. DIFFERENCE	23. UNITED STATES	24. STATE AGENCY
25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS									<b>GRAND TOTALS</b> (Basis for payment)								

26. DATE ANIMALS/MATERIALS APPRAISED AND/OR TAGGED AND BRANDED	<b>OWNER-CLAIMANT MORTGAGOR CERTIFICATION</b> I certify that the animals and/or materials identified in this claim are (initials) _____, are not (initials) _____, not applicable _____ (initials) mortgaged. 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 here 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.
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<b>CERTIFICATION AND APPRAISAL CERTIFICATE</b>			
I certify that materials and/or materials listed above are properly identified and are eligible for indemnity and animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.			

27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR REPRESENTATIVE	28. TITLE	30. SIGNATURE OF OWNER-CLAIMANT OR AUTHORIZED REPRESENTATIVE IN	31. TITLE OF CLAIMANT
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29. NAME AND SIGNATURE OF SPECIAL EXPERT APPRAISER	32. DATE SIGNED	33. IF MORTGAGED, FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO: <input type="checkbox"/> OWNER-MORTGAGOR (Item 7) <input type="checkbox"/> MORTGAGEE (Item 7)
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STATE CERTIFICATION I certify the amount in Item 25 as due from the State Agency is correct and each such amount has been or will be paid the Owner-Claimant.	34.a. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE
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35. NAME AND SIGNATURE	36. TITLE	34.b. MORTGAGEE MAILING ADDRESS	
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37. STATE AGENCY	38. DATE	34.c. CITY	34.d. STATE	34.e. ZIP CODE
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APPROVED	39. FOR \$	40. ALLOTMENT NO.	41. BY NAME AND SIGNATURE	42. TITLE	43. DATE	44. PAGE OF
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U.S. 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

CONTINUATION SHEET – INDEMNITY CLAIM FOR:

3. PROPER NAME OF DISEASE INVOLVED

ANIMAL DESTROYED  MATERIALS DESTROYED

LINE	APPRAISED		IDENTIFICATION Animals Reactor Tag No. or Breed, Age, Sex, Tag No., Tattoo., Brand or other, Materials-Lbs., Bu., tons, Board Feet, etc.)					APPRAISAL		WEIGH OR NO. UNITS	TOTAL APPRAISAL		SALVAGE (from VS 1-24)	DIFFER- ENCE	AMOUNT DUE FROM	
	NO	SPECIES	AGE	SEX	BREED	VALUE PER UNIT	UNIT (Head, Ld., Tons, etc.)	GRADE ANIMALS OR MATERIALS	PUREBRED ANIMALS		UNITED STATES	STATE AGENCY				
	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
	Subtotals (Carry Forward to Page 1, VS Form 1-23)															

VS FORM 1-23A (MAY 84) Previous editions are obsolete.

Approved by the Comptroller Gen., U.S.  
(in lieu of SF-1034)