

HPAI Response

Appraisal and Indemnity Request

October 31, 2023

APPENDIX 1H—INDEMNITY AND COMPENSATION REQUEST FOR HPAI

Note: For use in WOAHP Poultry or Non-Poultry flocks **with greater than 500 birds** or estimated total indemnity and compensation costs over \$10,000. This form is only an estimate of payment; actual payment is based on verified inventory and activities performed and approved on the premises.

1. **Premises ID #:** _____
2. **State abbreviation, county, and site #:** _____
3. **Reason for testing** (routine, clinical signs, etc.): _____
4. **Clinical signs present, date of onset, and populations involved** (number of barns affected, number of total barns present):

5. Please list all the current test results available for this premises (include date and location of testing). For PCR, please list the Ct values:

6. Please list the number of domestic poultry on the farm, as well as the sexes, ages, types, and prices/bird:

Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Barn # _____	# Birds _____	Sex: M _____ F _____	Ages: _____	Type: _____	Price/Bird: _____
Total: _____					

7. List the number of **commercial premises** in the following zones surrounding the infected premises:

- a. Within 1km (Neighboring): _____
- b. Within 3km (Infected Zone): _____
- c. Within 10km (Buffer Zone): _____

8. *If known*: List the number of **backyard premises** in the following zones surrounding the infected premises:
- a. Within 1km (Neighboring): _____
 - b. Within 3km (Infected Zone): _____
 - c. Within 10km (Buffer Zone): _____

9. What are the estimated number of additional **At-Risk Premises**, not included in the numbers above (this would include premises closely related by the network, business processes, or those identified by trace-in/trace-out):

10. Please indicate the **number of barns/houses on the premises, as well as their dimensions** (length x width for floor raised birds, length x width x height for caged birds):

Barn # _____	Size: _____
Barn # _____	Size: _____
Barn # _____	Size: _____
Barn # _____	Size: _____
Barn # _____	Size: _____
Barn # _____	Size: _____
Barn # _____	Size: _____
Barn # _____	Size: _____
Barn # _____	Size: _____
Barn # _____	Size: _____

11. **Response Methods and Timelines**: Please Indicate the State and/or Industry recommendation for the management for this flock (include depopulation & disposal method and timeline for both). Please indicate your reasoning for this recommendation:

Depopulation method: _____

Timeline: _____

Disposal method: _____

Timeline: _____

Will NVS Equipment be requested? If so, please give a detailed estimate of what might be needed.

For Depopulation: _____

For Disposal: _____

12. Please indicate the **approximate indemnity and compensation** being requested for this flock (for Owner and/or Grower) ***:

- a. Indemnity (supplied by ICE Team with number and age of birds): \$ _____
- b. Depopulation and Disposal: \$ _____
- c. Virus Elimination: \$ _____

(***A Field Reimbursement Specialist or Avian Indemnity Team member can assist with estimates. *Actual payment is based on verified inventory and activities performed and approved on the premises.*)

Signature(s) and title(s) of Official making the above recommendation. (State and Industry can submit separate forms or a joint form).

State Animal Health Official:

Print Name

Signature

Date

Area Veterinarian in Charge:

Print Name

Signature

Date

USDA APHIS VS Determination:

- ☐ Approve on-site depopulation as recommended above.
- ☐ USDA/APHIS VS is **NOT** in agreement with the recommendation above.
- ☐ Federal indemnification is authorized for the depopulation methods referenced above.

Reason for difference in agreement:

- ☐ More information is needed.
- ☐ A decision will be made within 12 hours once the information requested below is provided (enter information needed here:)

USDA APHIS VS ICG Official:

Print Name

Signature

Date

Poultry Owner/Grower:

Print Name

Signature

Date