**Anlage 3**



**MD/BVD**

**Antragsteller(in)**

|  |  |
| --- | --- |
| Tierbesitzernummer | Betriebs-Nr. (HI-Tier) |
| Name | Vorname |
| Straße, Hausnummer | Postleitzahl, Ort |

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| --- | --- | --- | --- | --- | --- | --- |
| **Schadensaufstellung nach § 4 Nr. 4 der Leistungssatzung** | | | | | | |
| Lfd. Nr. | **S**chlachtung,  **T**ötung  **V**erendung  am | S  T  V | Kennzeichnung  /Ohrmarkennummer | positive  Erstuntersuchung/  Zweituntersuchung  am | gemeiner Wert  in € | Erlös  in € |
| 1 |  |  |  |  |  |  |
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| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
|  | | | | **Summe** |  |  |