valid OMB control numl this information collection	work Reduction Act of 1995, no persons are require oper. The valid OMB control number for this informat on is estimated to average .190 hours per response lathering and maintaining the data needed, and con-	tion col lection is 0579-0 e, in cluding the time for	0040. The time require reviewing instructions	ed to con s, searchi	nplete	approved	zoological j try (9 CFR	park unles 93).	ed from quarantine for movement to an ss this form is completed at the New York : OMB NO 0579-0040		
U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES POST ENTRY QUARANTINE RECORD OF ZOO ANIMALS					1. VS FORM 17-30 NO.				2. PERMIT NO.		
NOTE: Health Inspection on Reverse					3. COUNTRY OF ORIGIN						
INSTRUCTIONS: Insert carbons and complete all entries by typewriter or ink. Signature: Quarantine Station-Complete items 1 through 16 on all copies. Send yellow to Riverdale. and white to Zoo. Zoo Official -Complete items 17 through 19 on all copies, send green a Field Station, retain pink. VS Field Station -Retain green and send white to Riverdale, M				Send pink, green 4. PORT OF			EMBARKATION				
5. TATTOO	6. SPECIES (Description)	. SPECIES (Description)			TIMATED YEAR 9. CARR BIRTH			IER			
10. IMPORTER (Na	ame and address include Zip Code)		11. PORT OF ENTRY					12. DAT	TE OF ENTRY		
				13. TERMINATION DATE OF QUARANTINE				14. DATE REMOVED FROM QUARANTINE STATION			
15. DESTINATION	- APPROVED ZOO (Name and address		FOR USE BY VS RIV				VERDALE, MD OFFICE - Record of Transfer				
include Zip Code)		20. APPROVED ZOO (Name and address include Zip Code)					25. APPROVED ZOO (Name and address include Zip Code)				
16. ENDORSEMEN	T	21. ENDORSEMENT				26	26. ENDORSEMENT				
17. DATE OF ARRI	VAL AT ZOO	22. DATE OF ARRIVAL AT ZOO				27	27. DATE OF ARRIVAL AT ZOO				
18. SIGNATURE OF RESPONSIBLE OFFICIAL		23. SIGNATURE OF RESPONSIBLE OFFICIAL				28	28. SIGNATURE OF RESPONSIBLE OFFICIAL				
19. LOCATION IN F	PARK	24. LOCATION IN PARK				29	29. LOCATION IN PARK				
DATE	PEN NO.	DATE	PEN	PEN NO.			DATE PEN NO.		PEN NO.		

PERIODIC HEALTH INSPECTION

(Inspections to be made at least every six months - type data, sign in ink)

DATE	REMARKS	SIGNATURE (Examining Veterinarian)

COPY DESIGNATIONS LOWER RIGHT CORNER IN BLACK INK

PART 1 - AREA OFFICE, RIVERDALE, MD

PART 2 - ZOO

PART 3 - RIVERDALE, MD OFFICE

PART 4 - VS AREA OFFICE