

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES  <b>AGREEMENT OF PET BIRD OWNER</b>		1. NAME AND ADDRESS OF OWNER (Include Zip Code)	
		STREET	
<b>INSTRUCTIONS:</b> Complete items 1 through 6 and the applicable agreement A, B, or C. Distribute copies as identified.		CITY AND STATE	ZIP CODE
2. <b>PASSPORT NO.</b> (if none, give Social Security No., or Driver's License No.)	3. DATE OFFERED FOR ENTRY		
	6. FROM (Country of Origin)	4. NO. OF BIRDS	5. KIND OF PET BIRDS

**7. OWNER'S AGREEMENT - SIGN A - B - C - OR D BELOW (Refusal to sign this form, automatically places option D into effect.)**

**A** I do hereby declare that the pet birds identified above will be maintained in my personal possession, separate and apart from all other birds and poultry at the location indicated in item (1) below for a minimum of 30 days until released by an inspector of the Animal and Plant Health Inspection Service of the United States Department of Agriculture. If the birds must be moved, I agree to contact the official in item (2) below prior to such movement.

I hereby agree the bird(s) will be available for inspection during the aforementioned period of confinement at the address in item (1) below and at such times as deemed necessary by an inspector of the Animal and Plant Health Inspection Service of the United States Department of Agriculture. I further agree to immediately notify the Federal Official in item (2) below if any signs of disease are noted or if the bird(s) die during the confinement period.

I understand if a laboratory specimen is taken and if found to contain the viruses of Newcastle disease or Avian Influenza that the birds will be disposed of by the Animal and Plant Health Inspection Service of the United States Department of Agriculture.

(1) LOCATION WHERE BIRDS WILL BE HELD	(2) NAME AND ADDRESS OF FEDERAL OFFICIAL TO CONTACT
STATE	PHONE NUMBER (include Area Code)
<input type="checkbox"/> LABORATORY SPECIMEN TAKEN	REFERRAL NO.
SPECIMENTS SUBMITTED BY (Name)	SIGNATURE OF OWNER
	DATE

**B** Section B applicable to Canadian pet birds.

I certify that the birds have been in my possession for at least 90 days, that they are apparently healthy, and that they have not been exposed to any other birds during those 90 days.

SIGNATURE OF OWNER	DATE	OWNER'S TELEPHONE NO.	
		AREA CODE	PHONE NO.
WITNESSED BY (Signature)	TITLE	DATE	

**C** In lieu of A above. I agree to export my birds to (Country) \_\_\_\_\_

SIGNATURE OF OWNER	DATE
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**D** In lieu of any of the above options, I hereby abandon my bird(s) to the Animal and Plant Health Inspection Service vice of the United States Department of Agriculture for disposal.

SIGNATURE OF OWNER	DATE
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8. PORT OF ENTRY	9. CARRIER AND FLIGHT NO.	10. POST-ENTRY NO.	
11. DETAINING OFFICIAL (Signature)	12. TITLE	13. AGENCY	14. DATE
I certify that I have, this day, inspected the birds identified above offered for importation, and have found them to be free of evidence of communicable disease or exposure thereto, and release them for the purpose as stated above.			
15. PORT RELEASING OFFICIAL (Signature)	16. TITLE	17. DATE RELEASED	
I have inspected the birds, inspected above, and find that all applicable provisions of 9 CFR Part 92 as amended have been met.			
18. FINAL RELEASEING OFFICIAL (Signature)	19. TITLE	20. DATE RELEASED	

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	6. FROM (Country of Origin)		

## IMPORTED PET BIRDS BEING HELD UNDER QUARANTINE

(1) LOCATION WHERE BIRDS WILL BE HELD			(2) NAME AND ADDRESS OF FEDERAL OFFICIAL TO CONTACT			
STATE			PHONE NUMBER (include Area Code)			
<input type="checkbox"/> LABORATORY SPECIMEN TAKEN			REFERRAL NO.			
SPECIMENTS SUBMITTED BY (Name)			SIGNATURE OF OWNER		DATE	
STREET			H. DISEASES SUSPECTED			
CITY	STATE	ZIP CODE	I. EXAMINATIONS REQUESTED			
*MATERIAL SUBMITTED	*IDENTIFICATION	*SPECIES	*AGE		*SEX	*PRESERVATION (Fresh, Frozen, Formalin, Borax, etc.)
			YRS.	MOS.		

J. ADDITIONAL DATA (History, Clinical Signs, Post Mortem findings, remarks, etc. or State and Country of destination if animals are to be Shipped Use additional sheets - 5 copies if necessary)

SIGNATURE OF SUBMITTER

LABORATORY USE ONLY

K. DATE RECEIVED	L. ACCESSION NO.	M. CONDITION	N. PRIORITY	O. DISTRIBUTION	P. RECEIVED BY
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COPY DESIGNATIONS

PART 1 - STATE OF DESTINATION

PART 2 - LABORATORY (SUBMIT WITH SPECIMEN)

PART 3 - OWNER

PART 4 - PORT OF ENTRY

# PRIVACY ACT NOTICE

This information is provided pursuant to Public Law 95-3579 (Privacy Act of 1974) December 31, 1974, for individuals completing the VS 1-36A.

## Purpose and Use:

U.S. Code, Title 5, Section 3301 - this is what is on the current 1-36A 7 U.S.C. & 8309, 21 U.S.C. 113a.

## Routine Uses:

The purpose of this form is to apply for veterinary accreditation by the Animal and Plant Health Inspection Service, U.S. Department of Agriculture.

This information will be used for (1) Referral to State Animal Health officials to certify accreditation status. (2) Referral to State veterinary examining boards to certify accreditation status. (3) Referral to the appropriate agency, whether Federal, State, local, or foreign, charged with the responsibility of investigating or prosecuting a violation of law, or of enforcing or implementing the statute, rule, regulation or order issued pursuant thereto, of any record within this system when information available indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by rule, regulation, or order issued pursuant thereto. (4) Disclosure to the Department of Justice if they agree to represent the employee, or the United States, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice is deemed by the agency to be relevant and necessary to the litigation; provided, however, that in each case, the agency determines that disclosure of the records to the Department of Justice is a use of the information contained in the records that is compatible with the purpose for which the records were collected.

(5) Disclosure in a proceeding before a court or adjudicative body before which the agency is authorized to appear, when the agency, or any component thereof, or any employee of the agency in his or her official capacity, or any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee, or the United States, where the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the agency determines that use of such records is relevant and necessary to the litigation; provided, however, that in each case, the agency determines that disclosure of the records to the court is a use of the information contained in the records that is compatible with the purpose for which the records were collected. (6) Disclosure may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

(7) To periodically disseminate information and solicit feedback from accredited veterinarians within the system on proposed Federal programs for the purpose of educating and involving the accredited veterinarians in current program development, program requirements, and standards of conduct.

(8) Disclosure to the public for the purpose of locating and contacting accredited veterinarians for a specific geographical location. (9) To contact accredited veterinarians to solicit participation in emergency response efforts to contain or control animal diseases of regulatory concern. Although this information is voluntary, failure to complete all the information may delay the process of the application or it may result in the application not being processed. The social security number and birth date will be used to create a unique identifier.