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OMB APPROVED  
0579-0040 and  
0579-0245

This report is authorized by law or regulation (9 CFR 93). Failure to complete and sign the form will result in abandonment of birds.

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**AGREEMENT OF PET BIRD OWNER**

**INSTRUCTIONS:** Complete items 1 through 6 and the applicable Agreement A, B, and C. Distribute copies as identified

1. NAME AND ADDRESS OF OWNER (Include ZIP CODE)

2. DATE OFFERED FOR ENTRY

3. NO. OF BIRDS

4. COMMON NAME OF BIRDS

5. TRAVEL ROUTE OF IMPORTATION

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

**A Section 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 (APHIS) of the United States Department of Agriculture (USDA). If the birds must be moved, I agree to contact the official listed in item (2) below prior to such movement.

I do hereby agree that 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 APHIS, USDA. 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 be infected with or exposed to a communicable disease of poultry, that the bird(s) will be disposed of by APHIS, USDA.

(1) LOCATION WHERE BIRDS WILL BE HELD

(2) NAME AND ADDRESS OF FEDERAL OFFICIAL TO CONTACT

STATE

PHONE NUMBER (Include Area Code)

SIGNATURE OF OWNER

DATE SIGNED

LABORATORY SPECIMEN(S) TAKEN  
SPECIMEN(S) SUBMITTED BY (Name)

REFERRAL NO.

**B Section B:**

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

OWNER'S TELEPHONE NO.

DATE SIGNED

AREA CODE

PHONE NUMBER

WITNESSED BY (Signature)

TITLE

DATE SIGNED

**C Section C:** As the birds have not met the entry requirements for the U.S., I agree to export my birds to (Country)

SIGNATURE OF OWNER

DATE SIGNED

**D Section D:** As the birds have not met the entry requirements for the U.S., I hereby abandon my bird(s) to the APHIS of the USDA for disposal.

SIGNATURE OF OWNER

DATE SIGNED

7. PORT OF ENTRY

8. CARRIER AND FLIGHT NO. FROM BIRD'S ITINERARY

9. VS FORM 17-33 DOCUMENT NO.

10. COMMENTS

I certify that I have, this day, inspected the bird(s) 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.

11. PORT RELEASING OFFICIAL (Signature)

12. TITLE

13. DATE SIGNED

I have inspected the bird(s) above, and find that all applicable provisions of 9 CFR Part 93, as amended, have been met.

14. FINAL RELEASING OFFICIAL (Signature)

15. TITLE

16. DATE RELEASED

**INSTRUCTIONS:** Complete items 1 through 5 and the applicable Agreement A, B, or C. Distribute copies as identified.

1. NAME AND ADDRESS OF OWNER <i>(include ZIP Code)</i>	STREET	
2. DATE OFFERED FOR ENTRY	CITY AND STATE	
3. TRAVEL ROUTE OF IMPORTATION	4. NO. OF BIRDS	5. COMMON NAME OF BIRDS

## IMPORTED PET BIRDS BEING HELD UNDER QUARANTINE

(a) LOCATION WHERE BIRD(S) WILL BE HELD			(b) NAME AND ADDRESS OF OWNER			
STATE			ZIP CODE			
LABORATORY SPECIMEN TAKEN						
(c) SPECIMENS SUBMITTED BY <i>(Name)</i>			(d) REFERRAL NO.			
STREET			(e) DISEASES SUSPECTED			
CITY	STATE	ZIP CODE	(f) EXAMINATIONS REQUESTED			
MATERIAL SUBMITTED	IDENTIFICATION	SPECIES	AGE		SEX	PRESERVATION <small>(Fresh, Frozen, Formalin, Borax, etc.)</small>
			YRS.	MOS.		

(g) 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
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LABORATORY USE ONLY

(h) DATE RECEIVED	(i) ACCESSION	(j) CONDITION	(k) PRIORITY	(l) DISTRIBUTION	(m) RECEIVED BY
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