

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**IMPORTATION OF PET BIRDS
(Personally Owned)**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0040. The time required to complete this information collection is estimated to average 19 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SECTION A - APPLICATION FOR ADVANCE RESERVATION AT A USDA QUARANTINE FACILITY

1. NAME AND U.S. MAILING ADDRESS OF APPLICANT (Include Zip Code) TELE: AC	2. NAME AND ADDRESS OF OWNER OR SHIPPER IN COUNTRY OF ORIGIN TELE: AC
3. NAME AND MAILING ADDRESS OF IMPORT-EXPORT BROKER (If applicable) (Include Zip Code) TELE: AC	4. ANTICIPATED DATE OF ENTRY INTO THE U.S.

I hereby request reservation of quarantine space for my pet bird(s) at a USDA Quarantine facility, and agree to pay the Department for all quarantine services provided in conjunction with the quarantine prior to the release of the bird(s) from quarantine. To the best of my knowledge, the bird(s) are healthy and have not been exposed to any communicable disease of poultry, however, I understand that if the bird(s) are found to be diseased during quarantine, they will be refused entry. Further, I agree to arrange for and pay for all transportation and other incidental costs related to this importation, to remove said bird(s) from the quarantine facility within 5 working days after receipt of notice of release; and to waive any claim for liability against the Department which may be related to the quarantine. Further, I understand that my failure to remove the bird(s) after notice will constitute abandonment, and that USDA will dispose of said bird(s) as they deem appropriate.

5. DATE OF APPLICATION	6. SIGNATURE OF APPLICANT (OR AGENT) (Before signing see items 10 and 11 of instructions on reverse)	NOTE: Return ALL copies of this form to the Port Veterinarian. The quarantine fee must accompany this application. Please send only a U.S. money order, certified check, or personal check payable to "USDA-APHIS."
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SECTION B - RESERVATION BY USDA-PORT VETERINARIAN

7. DATE APPLICATION RECEIVED	8. RESERVATION <input type="checkbox"/> APPROVED: A. Reservation No. _____ B. Expiration Date _____ C. Port of Entry _____
9. DATE APPROVED OR REJECTED	10. SIGNATURE OF PORT VETERINARIAN <input type="checkbox"/> REJECTED (Give reason(s))

SECTION C - HEALTH CERTIFICATE (The following certification must be signed by a full-time salaried veterinary officer of the national government of the country of export within 30 days of the time the bird(s) are shipped to the United States)

I certify that I personally inspected the bird(s) listed below and found them to be free of evidence of Newcastle disease, Ornithosis, and other communicable diseases of poultry, and that the bird(s) are being exported in compliance with the laws and regulations of the country of export.

11. IDENTIFICATION OF BIRD(S)			12. CERTIFIED BY:	
COMMON NAME	SCIENTIFIC NAME	IDENTIFICATION NUMBER (If Available)	A. SIGNATURE OF VETERINARY OFFICER	B. DATE CERTIFIED
_____	_____	_____	_____	_____
_____	_____	_____	C. NAME, TITLE, AND ADDRESS OF CERTIFYING VETERINARY OFFICER (Type or Print)	
_____	_____	_____	_____	

SECTION D - ENTRY AND QUARANTINE RELEASE OF BIRD(S) IDENTIFIED IN SECTION C

13. DATE OF ENTRY OR DATE REFUSED ENTRY	15. CHARGES	16. DATE OWNER/BROKER NOTIFIED TO PICK-UP BIRD(S) OR REFUSED ENTRY
_____	A. Quarantine _____ B. Advance Fee _____ C. Prepayment _____ D. Balance Due _____ E. Total Collected _____	_____
14. ENTRY NO.	_____	17. DATE BIRD(S) RELEASED
_____	_____	_____
_____	_____	17. DATE BIRD(S) RELEASED
_____	_____	_____