

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 OMB control number for this information collection is 0579-XXXX. The time required to complete this information collection is estimated to average .5 minutes 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.

OMB Approved
0579-XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
**REPORT OF ENTRY, SHIPMENT OF RESTRICTED IMPORTED ANIMAL
PRODUCTS AND ANIMAL BY-PRODUCTS, AND OTHER MATERIAL**

1. CASE NO.

2. PORT OF ENTRY

A. REPORT OF ENTRY AND FORWARDING OF SHIPMENT FROM FIRST PORT OF ARRIVAL

3. NAME AND ADDRESS OF IMPORTER OR SHIPPER (Include ZIP Code)

4. COUNTRY OF ORIGIN

5. CUSTOMS ENTRY NO.

6. PRODUCT OR MATERIAL

7. DATE OF ARRIVAL

8. VETERINARIAN IN CHARGE IN STATE WHERE APPROVED ESTABLISHMENT IS LOCATED (Include ZIP Code)

9. NAME OF VESSEL

10. NAME OF CARRIER (Include R.R. Car No. or Truck License No.)

11. SEAL NOS. OR QUARANTINE TAPE

12. TOTAL QUANTITY RECEIVED AT PORT OF ARRIVAL (Lbs. only)

13. NO. UNITS RECEIVED AT PORT OF ARRIVAL (Specify Carton, Boxes, Bundles, etc.,)

14. NAME AND ADDRESS OF APPROVED ESTABLISHMENT (Include ZIP Code and phone no.)

FROM PORT OF ENTRY TO
APPROVED ESTABLISHMENT

15. NO. LBS.

16. NO. UNITS

17. REMARKS

18. PRINTED NAME AND SIGNATURE OF INSPECTOR

19. PPQ STATION

20. DATE

B. REPORT OF RECEIPT AND TREATMENT BY ESTABLISHMENT (To be completed by Approved Establishment)

21. DATE RECEIVED

22. NAME OF APPROVED ESTABLISHMENT

23. WAS SHIPMENT INTACT
 Yes No (If "No" explain in item 30)

24. DATE TREATMENT COMPLETED

25. WERE R.R. CARS, TRUCKS, ETC. CLEANED AND DISINFECTED? Yes No

26. DISINFECTANT USED

27. METHOD OF TREATMENT

28. DISPOSITION OF REFUSE

29. REMARKS

30. PRINTED NAME OF APPROVED ESTABLISHMENT OWNER

31. SIGNATURE OF APPROVED ESTABLISHMENT OWNER

32. DATE

VS FORM 16-78
APR 2009

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PART 2 – SHIPPING COPY (To accompany shipment)

PART 3 – VETERIANARIAN IN CHARGE

PART 4 – INSPECTOR'S FILE COPY (Where prepared)

*******NOTE FOR PRINTING**

PARTS 1 AND 2 – FULL SHEET TO NO. 32

PARTS 3 AND 4 – STOPS AT NO. 20

CARBON TO STOP AT THE BOTTOM LINE OF NOS. 18, 19, AND 20.

GLUED ACROSS TOP WITH PERFORATED STUB

**** SEE SPEC SHEET FOR MORE INFOR****