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OMB Approved
0579-0234
EXP. DATE XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANIMALS IMPORTED FOR IMMEDIATE SLAUGHTER

Port Veterinarian – Complete items 1 through 12. Distribute copies as indicated below.
Veterinarian at Destination – Return Part 3 to Port Veterinarian after completion of items 18 through 22.

1. PORT OF ENTRY

2. ENTRY DATE

The animals identified below were imported in accordance with Department regulations for shipment to an establishment under your supervision. These animals must be slaughtered as soon as possible after arrival at destination *but not later than two weeks from the "Entry Date"* shown below. Slaughter of these animals must be reported by forwarding a copy of this completed form to the port veterinarian shown in item 12 below.

3. TO: (*Veterinarian at destination, include ZIP Code*)

← Mail original to
(Use window envelope)

4. NUMBER

5. SPECIES OF ANIMALS

6. TRUCK (*Trailer*) LICENSE NUMBER

7. RAILROAD CAR NUMBER

8. SEAL NUMBERS

9. NAME AND ADDRESS OF CONSIGNOR (*ZIP Code*)

10. NAME AND ADDRESS OF CONSIGNEE (*ZIP Code*)

11. SIGNATURE OF PORT VETERINARIAN

12. PORT VETERINARIAN (*Include ZIP Code*)

← Return one completed copy to
(Use window envelope)

REPORT OF SLAUGHTER

This is to certify that, except as noted below, all animals identified above were received and held in pens until slaughter was completed, so as to prevent contact with animals not scheduled for immediate slaughter.

13. DATE SLAUGHTERED

14. REMARKS

15. NAME AND ADDRESS OF ESTABLISHMENT (*Zip Code*)

16. SIGNATURE OF ESTABLISHMENT OFFICIAL

17. TITLE

ENDORSEMENT AND POST MORTEM REPORT

18. TAG NUMBER

19. DESCRIPTION OF ANIMAL

20. TUBERCULOSIS LESIONS

Insofar as can be determined the above certification with respect to slaughter is true and accurate. Except as noted above, post mortem examination of these animals did not show lesions suggestive of tuberculosis.

21. SIGNATURE OF VETERINARIAN AT DESTINATION

22. DATE SIGNED