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 numbers for these information collections are 0579-0040, 0579-0218, 0579-0228, 0579-0228, 0579-0301, 0579-0324, and 0579-XXXX. The time required to complete this information collection is estimated to average between .16 and 1 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.			OMB APPROVED 0579-0040, 0579-0218, 0579-0224, 0579-0228 0579-0301, 579-0324, and 0579-XXXX	
	1. PORT OF ARE	IVAL	2. DATE OF ARRIVAL	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	3. IMPORT PERM	MIT NUMBERS		
DECLARATION OF IMPORTATION				
DECERTATION OF IMPORTATION	4. COUNTRY OF	ORIGIN OF HEALTH CERTIFICATE		
(Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eggs)				
	5. PORT OF EME	BARKATION (City, Country)		
	-			
INSTRUCTIONS: Importer, owner, or authorized agent shall complete an original and one copy, which shall be presented to Collector of Customs, at port of arrival for appropriate distribution.	6. CARRIER AND VESSEL OR FLIGHT NUMBER			
7. NAME AND ADDRESS OF IMPORTER (Include ZIP Code)	8. NAME AND ADDRESS OF BROKER (If any) (Include ZIP Code and Telephone number)			
9. ANIMALS, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS				
A. B.	C.	D.		

NUMBER	COMMON NAME (For domestic livestock or poultry, show breed and species)	SEX (When it can be determined)	PURPOSE OF IMPORTATION (Dairy, feeding, grazing, breading, racing, pleasure, slaughter, special breeding*, hatching, exhibition, propagation, medical, scientific, educational, etc.)		
10. NAME AND AD	DRESS OF DESTINATION AFTER RELEASE (Include ZIP Code)	REMARKS			
Veterinary Servi	 quarantine or inspection service and agree to reimburse ces or pay in advance for the cost thereof, as may be require gainst Veterinary Services or their employees for damages v such service. 	d, and vhich			
	ersigned hereby certifies that the foregoing declaration is true and correct.				
11. EXECUTED BY	(Signature)				
12. TYPE OR PRIN	F NAME AS SIGNED IN ITEM 11				
13. TITLE	14. DATE				
Authorized Ag	jent Owner Importer				
VS FORM 17-29 Previous edition is obsolete.					

MAR 2012