

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 0579-0245. 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
0579-0245
EXP. XX/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 NUMBER

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 NUMBER
	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 Number or Truck License Number)
	11. SEAL NUMBERS 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.,)
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14. NAME AND ADDRESS OF APPROVED ESTABLISHMENT (Include ZIP Code and Phone Number)	FROM PORT OF ENTRY TO APPROVED ESTABLISHMENT	
	15. NUMBER OF POUNDS.	16. NUMBER OF UNITS

17. REMARKS

18. PRINTED NAME AND SIGNATURE OF INSPECTOR	19. PPQ STATION	20. DATE
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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 <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain in item 29)
24. DATE TREATMENT COMPLETED	25. WERE R.R. CARS, TRUCKS, ETC. CLEANED AND DISINFECTED? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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VS FORM 16-78
APR 2009

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PART 1 – ORIGINAL

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****