

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE RUMINANTS IMPORTED TO DESIGNATED/APPROVED FEEDLOTS	1. PORT OF ENTRY
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Port Veterinarian - Complete items 1 through 12 and attach copy of health certification. Distribute copies as indicated below.	2. ENTRY DATE
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Accredited Veterinarian or other responsible individual at the feedlot - complete items 13-18 and return a copy to Port Veterinarian within 14 days of receipt of animals. The animals identified below (individual animal ID is on the attached Health Certificate) were imported in accordance with USDA, APHIS regulations for shipment to feedlots and are under your supervision. These animals must remain at this feedlot (see #9) and be sent to slaughter before they are 30 months of age (for cattle, bison) or 12 months of age (for sheep, goats) using VS Form 1-27. Official animal identification cannot be removed from these animals.

3. TO: *(Attending Veterinarian or other responsible individual at feedlot - Address, Include Phone Number and Zip Code)*

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← Mail original to

4. NUMBER OF ANIMALS	5. SPECIES OF ANIMALS	6. TRUCK (Trailer) LICENSE NUMBER
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7. SEAL NUMBERS	8. NAME AND ADDRESS OF CONSIGNOR <i>(Include Phone Number and Zip Code)</i>
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9. NAME AND ADDRESS OF FEEDLOT <i>(Include Phone Number and Zip Code)</i>	10. NAME AND ADDRESS OF CONSIGNEE <i>(Include Phone Number and Zip Code)</i>
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11. SIGNATURE OF PORT VETERINARIAN

12. PORT VETERINARIAN *(Include Phone Number and Zip Code)*

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← Return one completed copy to

RECEIPT OF SHIPMENT

This is to certify that, except as noted in #16, all animals identified above and on the attached health certificate were received and will remain at the location in #10 until sent to slaughter. This shipment must be sealed when it arrives at this feedlot. If the official seal is broken or missing, I will contact the Port Veterinarian.

13. DATE RECEIVED	14. a. I observed the seals listed in #7 were present and intact. <input type="checkbox"/> Yes <input type="checkbox"/> No b. The seals were missing or broken and the port veterinarian was contacted within 24 hours of receipt. <input type="checkbox"/> Yes <input type="checkbox"/> No
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15. NAME AND ADDRESS OF ESTABLISHMENT <i>(Include Phone Number and Zip Code)</i>	16. REMARKS
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17. NAME OF RESPONSIBLE INDIVIDUAL <i>(Print)</i>	18. SIGNATURE OF RESPONSIBLE INDIVIDUAL
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