OMB APPROVED
0579-0040, 0579-0165,
0579-0228, 0579-0393

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

DECLARATION OF IMPORTATION

(Animals, Animal Semen, Animal Embryos, Birds, Poultry,
or Hatching Eggs)

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.

1. PORT OF ARRIVAL	2. DATE OF ARRIVAL

3. IMPORT PERMIT NUMBERS

4. COUNTRY OF ORIGIN OF HEALTH CERTIFICATE

5. PORT OF EMBARKATION *(city, country)*

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. NUMBER	B. COMMON NAME *(for domestic livestock or poultry, show breed and species)*	C. SEX *(when it can be determined)*	D. PURPOSE OF IMPORTATION *(dairy, feeding, grazing, breeding, racing, pleasure, slaughter, special breeding*, hatching, exhibition, propagation, medical, scientific, educational, etc.)*

10. NAME AND ADDRESS OF DESTINATION AFTER RELEASE *(include ZIP code)*

REMARKS

I hereby request quarantine or inspection service and agree to reimburse Veterinary Services or pay in advance for the cost thereof, as may be required, and waive all claim against Veterinary Services or their employees for damages which may arise from such service.

The undersigned hereby certifies that the foregoing declaration is true and correct.

11. EXECUTED BY (Signature)

12. TYPE OR PRINT NAME AS SIGNED IN ITEM 11

13. TITLE	14. DATE
☐ **Authorized Agent** ☐ **Owner** ☐ **Importer**	

VS FORM 17-29
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Previous edition is obsolete.