

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE RUMINANTS IMPORTED TO DESIGNATED/APPROVED FEEDLOTS	1. PORT OF ENTRY
Port Veterinarian - Complete #1 through 12 and attach copy of health certification. Distribute copies as indicated below.	2. ENTRY DATE

Accredited Veterinarian or other designated individual at the feedlot - complete #13-18 and return original to Port Veterinarian (see #12) within 14 days of receipt of the animals. The animals identified below (official animal identification 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 sent to slaughter before they are 30 months of age (for cattle, bison) or 12 months of age (for sheep, goats) in a sealed vehicle using VS Form 1-27. Official animal identification cannot be removed from these animals.

3. TO: (Accredited Veterinarian or other designated individual at feedlot (Address, Include Phone Number and ZIP Code))

┌	┐
└	┘

4. NUMBER OF ANIMALS	5. SPECIES OF ANIMALS	6. TRUCK (Trailer) LICENSE NUMBER
-----------------------------	------------------------------	--

7. SEAL NUMBERS	8. NAME AND ADDRESS OF CONSIGNOR (Include Phone Number
------------------------	---

9. NAME AND ADDRESS OF FEEDLOT (Include Phone Number and Zip Code)	10. NAME AND ADDRESS OF CONSIGNEE (Include Phone Number and Zip Code)
---	--

11. SIGNATURE OF PORT VETERINARIAN

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

┌	┐
└	┘

Return the completed original 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 #9 until sent to slaughter. This shipment must be sealed when it arrives at this feedlot. If any official seals are broken or missing, I will immediately contact the Port Veterinarian. Identification of dead animals must be included in #16.

13. DATE RECEIVED	14.
15. NAME AND ADDRESS OF FEEDLOT (Include Phone Number and Zip Code)	a. I observed that all seals listed in #7 were present and intact. <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. If any listed seals are missing or broken the Port Veterinarian was contacted within 24 hours of receipt. <input type="checkbox"/> Yes <input type="checkbox"/> No
	16. REMARKS

17. NAME OF DESIGNATED INDIVIDUAL (Print)	18. SIGNATURE OF DESIGNATED INDIVIDUAL
--	---

Copy Designation to go at bottom right corner of form in RED Ink

COPY DESIGNATION:

ORIGINAL : To accompany shipment to feedlot

COPY: Retained by port

COPY: Retained by feedlot

COPY: AVIC

COPY: State Veterinarian