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| **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 number for this information collection is 0579-0040. The time required to complete this information collection is estimated to average .08 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.** | | | | | **This record is required by law (9 CFR 92). Failure to maintain this record can result in revocation of approval to operate a quarantine facility.** | | | | **OMB APPROVED**  **0579-0040**  **EXP.: XX/XXXX** | |
| **UNITED STATES DEPARTMENT OF AGRICULTURE**  **ANIMAL AND PLANT HEALTH INSPECTION SERVICE**  **VETERINARY SERVICES**  **DAILY LOG FOR BIRDS**  **QUARANTINE FACILITY** | | | | **1. Permit Number** | | | **2. Date lot placed in Facility** | | | |
| **3. Origin** | | | | | | |
| **4. Firm’s Name and Location** | | | |
| **5. Number imported** | | | **6. Number Dead upon arrival** | | | |
| **7. General Condition of Birds Each Day** | | | | | | | | **8. USDA Use Only** | | |
| **A. Days** | **B. Number OF Deaths** | **C. Comments on General Condition** | | | | | | **A. Date** | | **B. Inspector Initials** |
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| **31** |  |  | | | | | |  | |  |
|  |  | **total** | | | | | |  | |  |
| **9. Other observations pertinent to birds’ health *(Use additional sheet if more space is needed)*** | | | | | | | | | | |
| **10. signature of record keeper** | | | **11. Date** | **12. Date lot Released** | | **13. signature of USDA Official** | | | | |

**VS FORM 17-12 *(Previous editions are obsolete) (OVER)***

**FEB 2014**

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| **For usda use only** | | **Date Submitted** | **Referral Number** | **NVSL Number** |
| **Necropsy report** | **Signature of usda official** |  |  |  |
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| **Necropsy report** | **Signature of usda official** |  |  |  |
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| **Necropsy report** | **Signature of usda official** |  |  |  |
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| **Necropsy report** | **Signature of usda official** |  |  |  |
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| **Necropsy report** | **Signature of usda official** |  |  |  |
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| **Necropsy report** | **Signature of usda official** |  |  |  |
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**VS FORM 17-12 *(Reverse)***