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OMB Approved
0579-0040, 0579-0245,
and 0579-0307

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
**REPORT OF ENTRY AND SHIPMENT OF RESTRICTED
IMPORTED ANIMAL PRODUCTS OR BYPRODUCTS**

1. CASE NUMBER:

2. CUSTOMS ENTRY NUMBER:

3. IMPORT PERMIT NUMBER (if applicable):

INSTRUCTIONS: Sections A-C to be completed by Customs and Border Protection (CPB) Agriculture Specialists at the port of entry. Section D to be completed by the Approved Warehouse (AW). Sections E-F to be completed by the Approved Establishment (AE) or Quarantine Facility (QF). Section G to be completed by Veterinary Services (VS). CBP Agriculture Specialists should fax or email a copy of the completed VS 16-78 form to the appropriate Service Center(s) (SC); send one copy to the AE or QF, and send the original form with the shipment to the AW, AE, or QF. Note: The original form must be maintained per APHIS records management policy.

A. REPORT OF ENTRY

4. DATE OF ARRIVAL:	5. PORT OF ENTRY:	6. COUNTRY OF ORIGIN:
7. VESSEL/FLIGHT NUMBER:	8. TOTAL QUANTITY RECEIVED (lb/kg):	9. TOTAL UNITS (specify unit type):
10. U.S. IMPORTER/HUNTER CONTACT INFORMATION: NAME: U.S. ADDRESS: PHONE: EMAIL:		11. SHIPMENT CONTAINS: <input type="checkbox"/> HUNTING TROPHIES <input type="checkbox"/> BOVINE SERUM <input type="checkbox"/> OTHER:

12. SPECIFY RESTRICTED MATERIAL (check **all** that apply in each column):

SPECIES	DISEASE(S) OF CONCERN	TYPE(S) OF MATERIAL	OTHER (continued):
<input type="checkbox"/> RUMINANT <input type="checkbox"/> SWINE <input type="checkbox"/> AVIAN <input type="checkbox"/> OTHER:	<input type="checkbox"/> FMD <input type="checkbox"/> ASF <input type="checkbox"/> ND/HPAI <input type="checkbox"/> OTHER:	<input type="checkbox"/> BONES <input type="checkbox"/> HIDES/SKINS <input type="checkbox"/> BLOOD PRODUCTS <input type="checkbox"/> OTHER:	

B. FACILITIES RECEIVING MATERIAL

13. APPROVED ESTABLISHMENT OR QUARANTINE FACILITY: NAME: ADDRESS: PHONE NUMBER: APPROVAL NUMBER:	13a. SERVICE CENTER RESPONSIBLE FOR AE OR QF: <input type="checkbox"/> SC1 <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4 <input type="checkbox"/> SC5 <input type="checkbox"/> SC6 ADDRESS AND CONTACT INFORMATION: METHOD: <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL DATE NOTIFIED:
14. APPROVED WAREHOUSE: <input type="checkbox"/> N/A (shipment moving directly to AE or QF) NAME: ADDRESS: PHONE NUMBER: APPROVAL NUMBER:	14a. SERVICE CENTER RESPONSIBLE FOR AW (if applicable): <input type="checkbox"/> SC1 <input type="checkbox"/> SC2 <input type="checkbox"/> SC3 <input type="checkbox"/> SC4 <input type="checkbox"/> SC5 <input type="checkbox"/> SC6 ADDRESS AND CONTACT INFORMATION: METHOD: <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL DATE NOTIFIED:

C. REPORT OF MOVEMENT FROM PORT OF ENTRY

15. SHIPMENT SENT TO (check only one):
 APPROVED ESTABLISHMENT (box 13) QUARANTINE FACILITY (box 13) APPROVED WAREHOUSE (box 14)

16. QUANTITY SHIPPED (lb/kg):

17. UNITS SHIPPED (specify unit type):

18. SEAL NUMBERS (if used):

19. SHIPMENT RELEASED TO:
 IMPORTER/HUNTER (box 10) BROKER OTHER
NAME: NAME: NAME:
PHONE NUMBER: PHONE NUMBER: PHONE NUMBER:
EMAIL: EMAIL: EMAIL:

NOTE: SHIPMENT WILL BE EXPECTED TO ARRIVE AT THE FACILITY LISTED IN BOX 15 WITHIN 10 DAYS OF ISSUANCE OF THIS FORM.

20. REMARKS:

21. DATE ISSUED:	22. ISSUING CBP SPECIALIST: PRINT NAME:	PORT NAME/CODE: SIGNATURE:
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IMPORT PERMIT NUMBER (if applicable):

D. REPORT OF RECEIPT BY APPROVED WAREHOUSE AND MOVEMENT TO APPROVED ESTABLISHMENT

23. DATE RECEIVED AT AW: <input type="checkbox"/> N/A	24. WAS SHIPMENT COMPLETE AND INTACT? (i.e. did you receive everything listed in box 16 in undamaged condition? if no, explain and include method of disinfection if required.) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLANATION (if needed):		
25. QUANTITY SHIPPED TO AE (lb/kg):	26. UNITS SHIPPED TO AE (specify unit type):	27. METHOD OF SHIPMENT TO AE:	28. DATE SHIPPED TO AE:
29. DATE VS NOTIFIED: METHOD: <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL	30. AUTHORIZED AW REPRESENTATIVE: PRINT NAME: SIGNATURE:		

E. REPORT OF RECEIPT BY APPROVED ESTABLISHMENT OR QUARANTINE FACILITY

31. DATE RECEIVED AT AE/QF:	32. WAS SHIPMENT COMPLETE AND INTACT? (i.e. did you receive everything listed in box 16 or box 25 in undamaged condition? if no, explain and include method of disinfection if required.) <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLANATION (if needed):		
33. AUTHORIZED AE OR QF REPRESENTATIVE RECEIVING SHIPMENT: PRINT NAME: _____ SIGNATURE: _____ DATE: _____			

F. REPORT OF TREATMENT AT APPROVED ESTABLISHMENT

34. MATERIAL TREATED:	35. DATE TREATMENT COMPLETED:
36. METHOD OF TREATMENT:	
37. METHOD OF DISINFECTION AND DISPOSITION OF PACKAGES AND TRIMMINGS:	

38. DATE VS NOTIFIED: METHOD: <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL	39. APPROVED ESTABLISHMENT INDIVIDUAL PERFORMING TREATMENT (or authorized representative): PRINT NAME: SIGNATURE:
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G. CLOSE OUT REPORT BY VETERINARY SERVICES

40. DATE COMPLETED REPORT OR NEGATIVE LAB RESULTS RECEIVED:
41. COMMENTS:
42. VS REPRESENTATIVE VERIFYING TREATMENT OR NEGATIVE LAB RESULTS:

PRINT NAME: _____ SIGNATURE: _____ DATE: _____