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OMB Approved
0579-0245 and 0579-0040

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 CBP 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 officers should fax or email a copy of the completed VS 16-78 form to the appropriate Service Center(s); send one copy to the AE or QF, and send the original form with the shipment to the AW, AE, or QF.

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 (AE) OR QUARANTINE FACILITY (QF): 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 (AW): <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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CASE NUMBER:

CUSTOMS ENTRY NUMBER:

IMPORT PERMIT NUMBER (if applicable):

D. REPORT OF RECEIPT BY APPROVED WAREHOUSE (AW) AND MOVEMENT TO APPROVED ESTABLISHMENT (AE)

23. DATE RECEIVED AT AW:

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.)

YES 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: FAX
 EMAIL
 MAIL

30. AUTHORIZED APPROVED WAREHOUSE (AW) REPRESENTATIVE:

PRINT NAME:

SIGNATURE:

E. REPORT OF RECEIPT BY APPROVED ESTABLISHMENT (AE) OR QUARANTINE FACILITY (QF)

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.)

YES NO EXPLANATION (if needed):

33. AUTHORIZED AE OR QF REPRESENTATIVE RECEIVING SHIPMENT:

PRINT NAME:

SIGNATURE:

DATE:

F. REPORT OF TREATMENT AT APPROVED ESTABLISHMENT (AE)

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: FAX
 EMAIL
 MAIL

39. APPROVED ESTABLISHMENT (AE) INDIVIDUAL PERFORMING TREATMENT (or authorized representative):

PRINT NAME:

SIGNATURE:

G. CLOSE OUT REPORT BY VETERINARY SERVICES (VS)

40. DATE COMPLETED REPORT OR NEGATIVE LAB RESULTS RECEIVED:

41. COMMENTS:

42. VS REPRESENTATIVE VERIFYING TREATMENT OR NEGATIVE LAB RESULTS:

PRINT NAME:

SIGNATURE:

DATE: