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OMB APPROVED  
0579-0040  
EXP.: XX/XXXX

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

**SUMMARY OF QUARANTINE BIRDS**

(VS MEMO 591.33)

INTERIM REPORT      FINAL REPORT

1. NAME OF QUARANTINE FACILITY

2. CODE

3. ADDRESS

4. OWNER'S NAME

SHIPMENT	NO. 1	NO. 2	NO. 3
5. PERMIT NUMBER			
6. ARRIVAL DATE			
7. AIRLINE NAME			
8. FLIGHT NUMBER			
9. ARRIVAL TIME			
10. NUMBER CRATES			
11. IDENTIFICATION NUMBER <i>(invoice, waybill etc.)</i>			
12. BROKER'S NAME & ADDRESS			
13. CUSTOM			
14. INTERIOR DEPARTMENT			
15. VS FORM 17-29			
16. CLEANING & DISINFECTING TRUCK			
17. CLEANING & DISINFECTING PLANE			
18. CLEANING & DISINFECTING CRATES			
19. SHIPPER			
20. ADDRESS			
21. COUNTY			
22. PERSONNEL			

23. SHIPPED TO *(if more space is required, attach sheet)*

24. TOTAL DEAD	25. RELEASE DATE	26. DISPOSITION DATE	27. SIGNATURE	28. DATE
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NAME OF BIRDS BY SPECIES <i>(Use Declaration for Importation or Exportation of Fish or Wildlife (Form 3-177). Declaration to be completed by importer prior to release of birds.)</i> <a href="http://www.fws.gov/le/declaration-form-3-177.html">http://www.fws.gov/le/declaration-form-3-177.html</a>	RECEIVED			DOA			DIED DURING QUARANTINE			TOTAL RELEASE
	1	2	3	1	2	3	1	2	3	
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45. TOTAL										

46. LEG BAND NUMBERS

**LABORATORY REPORTS**

DATE SUBMITTED	REFERRAL NUMBER	TYPE OF SPECIMEN/SPECIES	ACCESSION NUMBER	LABORATORY RESULTS	DATE OF LAB REPORT