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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 (CBP) Agriculture Specialists at the port of arrival. Section D to be completed by the Approved Warehouse (AW), if applicable. 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 email a copy of the completed VS 16-78 to the responsible VS Local Office in the destination State with the subject line: "Restricted Import Product – VS 16-78." In addition, email the completed VS 16-78 to the destination AE, AW, or QF. Note: the original form must be maintained as per APHIS records management policy.

A. REPORT OF ENTRY

4. DATE OF ARRIVAL:

5. PORT OF ARRIVAL:

6. COUNTRY OF ORIGIN:

7. VESSEL/FLIGHT NUMBER:

8. TOTAL QUANTITY RECEIVED (lb/kg/liters):

9. TOTAL UNITS (specify unit type):

10. U.S. IMPORTER/HUNTER CONTACT INFORMATION:

NAME:

U.S. ADDRESS:

PHONE:

EMAIL:

11. SHIPMENT CONTAINS:

- HUNTING TROPHIES
 BOVINE SERUM
 OTHER:

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

SPECIES

DISEASE(S) OF CONCERN

TYPE(S) OF MATERIAL

OTHER (continued):

- RUMINANT
 SWINE
 AVIAN
 OTHER:

- FMD
 ASF
 ND/HPAI
 OTHER:

- BONES
 HIDES/SKINS
 BLOOD PRODUCTS
 OTHER:

B. FACILITIES RECEIVING MATERIAL

13. APPROVED ESTABLISHMENT (AE) OR QUARANTINE FACILITY (QF):

NAME:

ADDRESS:

PHONE NUMBER:

APPROVAL NUMBER:

13a. VS LOCAL OFFICE RESPONSIBLE FOR AE OR QF LISTED IN BOX 13

STATE OR TERRITORY OF DESTINATION:

EMAIL ADDRESS OF RESPONSIBLE VS LOCAL OFFICE:

DATE NOTIFIED:

14. APPROVED WAREHOUSE (AW): N/A (shipment moving directly to AE or QF)

NAME:

ADDRESS:

PHONE NUMBER:

APPROVAL NUMBER:

14a. VS LOCAL OFFICE RESPONSIBLE FOR AW

STATE OR TERRITORY OF DESTINATION:

EMAIL ADDRESS OF RESPONSIBLE VS LOCAL OFFICE:

DATE NOTIFIED:

C. REPORT OF MOVEMENT FROM PORT OF ARRIVAL

15. SHIPMENT SENT TO (check only one):

APPROVED ESTABLISHMENT (box 13)

QUARANTINE FACILITY (box 13)

APPROVED WAREHOUSE (box 14)

16. QUANTITY SHIPPED (lb/kg/liters):

17. UNITS SHIPPED (specify unit type):

18. SEAL NUMBERS (if used):

19. SHIPMENT RELEASED TO:

IMPORTER/HUNTER (box 10)

BROKER

OTHER

NAME:

NAME:

PHONE NUMBER:

PHONE NUMBER:

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:

PORT NAME/CODE:

PRINT NAME:

SIGNATURE:

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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/liters):	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: _____