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 numbers for this information collection are 0579-0393 and 0579-0453. The time required to complete this information collection is estimated to average .5-2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completion and registering the data needed, and completion and registering the data needed.

OMB Approved 0579-0393 and 0579-0453

gathering and maintaining the data needed, and			
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE RUMINANTS IMPORTED TO DESIGNATED/APPROVED FEEDLOTS			1. PORT OF ENTRY
	e1 through 12 and attach copy of health copies as indicated below.	ertification.	2. ENTRY DATE
Accredited Veterinarian or other designated individual at the feedlot - complete #13-18 and return original to Port Veterinarian (see #12) within 14 days of receipt of the animals. The animals identified below (official animal identification is on the attached Health Certificate) were imported in accordance with USDA, APHIS regulations for shipment to feedlots and are under your supervision. These animals must remain at this feedlot (see # 9) and sent to slaughter before they are 30 months of age (for cattle, bison) or 12 months of age (for sheep, goats) in a sealed vehicle using VS Form 1-27. Official animal identification cannot be removed from these animals.			
3. TO: (Accredited Veterinarian or other designated individual at feedlot (Address, Include Phone Number, and ZIP Code))			
Γ		٦	
L			
4. NUMBER OF ANIMALS	5. SPECIES OF ANIMALS		6. TRUCK (Trailer) LICENSE NUMBER
		8. NAME AND AD and ZIP Code)	DRESS OF CONSIGNOR (Include Phone Number
S	Δ _ Δ		E
9. NAME AND A. SOF FILE ZIP Code)	DLOT nclude hot Nurber and	10. Marie ND Al and ZIP Code)	DI TOTAL F CONSIGNEE (Include Phone Number
11. SIGNATURE OF PORT VETERINARIAN			
12. PORT VETERINARIAN (Include Phone Number and ZIP Code)			
Γ		٦	Return the completed original to
L		Т	
RECEIPT OF SHIPMENT			
This is to certify that, except as noted in #16, all animals identified above and on the attached health certificate were received and will remain at the location in #9 until sent to slaughter. This shipment must be sealed when it arrives at this feedlot. If any official seals are broken or missing, I will immediately contact the Port Veterinarian. Identification of dead animals must be included in #16.			
		14. a. I observed that all seals listed in #7 were present and intact Yes No	
15. NAME AND ADDRESS OF FEEDLOT (Include Phone Number and ZIP Code)		and intact. b. If any listed seals are missing or broken the Port Veterinarian was contacted within 24 hours of receipt. Yes No	
		16. REMARKS	
17. NAME OF DESIGNATED INDIV	IDUAL (Print)	18. SIGNATURE O	F DESIGNATED INDIVIDUAL

VS FORM 17-130 (DEC 2004)

Copy Designation to go at bottom right corner of form in RED Ink

COPY DESIGNATION:

ORIGINAL: To accompany shipment to feedlot COPY: Retained by port COPY: Retained by feedlot COPY: AVIC COPY: State Veterinarian