

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**

CASE NUMBER:

CUSTOMS ENTRY NUMBER:

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/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: _____