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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

- ☐ RUMINANT  
☐ SWINE  
☐ AVIAN  
☐ OTHER:

DISEASE(S) OF CONCERN

- ☐ FMD  
☐ ASF  
☐ ND/HPAI  
☐ OTHER:

TYPE(S) OF MATERIAL

- ☐ BONES  
☐ HIDES/SKINS  
☐ BLOOD PRODUCTS  
☐ OTHER:

OTHER (continued):

**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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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:

☐ 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/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: ☐ FAX  
☐ EMAIL  
☐ 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.)

☐ YES ☐ 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: ☐ FAX  
☐ EMAIL  
☐ MAIL

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

PRINT NAME:

SIGNATURE:

**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: