Clear Form

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 these information collections are 0579-0040, 0579-0218, 0579-0228, 0579-0393, and 0579-XXXX. The time required to complete this information collection is estimated to average between .16 and 1 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0040, 0218, 0228, 0393, and 0485

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

DECLARATION OF IMPORTATION

(Animals, Animal Semen, Animal Embryos, Birds, Poultry, or Hatching Eggs)

1. PORT OF ARRIVAL

2. DATE OF ARRIVAL

3. IMPORT PERMIT NUMBERS

4. COUNTRY OF ORIGIN OF HEALTH CERTIFICATE

5. PORT OF EMBARKATION *(city, country)*

6. CARRIER AND VESSEL OR FLIGHT NUMBER

INSTRUCTIONS: Importer, owner, or authorized agent shall complete an original and one copy, which shall be presented to Collector of Customs, at port of arrival for appropriate distribution.

7. NAME AND ADDRESS OF IMPORTER *(include ZIP code)*

8. NAME AND ADDRESS OF BROKER *(if any) (include ZIP code and telephone number)*

9. ANIMALS, ANIMAL SEMEN, ANIMAL EMBRYOS, BIRDS, POULTRY, OR HATCHING EGGS

A. NUMBER	B. COMMON NAME *(for domestic livestock or poultry, show breed and species)*	C. SEX *(when it can be determined)*	D. PURPOSE OF IMPORTATION *(dairy, feeding, grazing, breeding, racing, pleasure, slaughter, special breeding*, hatching, exhibition, propagation, medical, scientific, educational, etc.)*

10. NAME AND ADDRESS OF DESTINATION AFTER RELEASE *(include ZIP code)*

REMARKS

I hereby request quarantine or inspection service and agree to reimburse Veterinary Services or pay in advance for the cost thereof, as may be required, and waive all claim against Veterinary Services or their employees for damages which may arise from such service.

The undersigned hereby certifies that the foregoing declaration is true and correct.

11. EXECUTED BY (Signature)

12. TYPE OR PRINT NAME AS SIGNED IN ITEM 11

13. TITLE

☐ **Authorized Agent** ☐ **Owner** ☐ **Importer**

14. DATE