

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 OMB control numbers for this information collection are 0579-0040, -0245 and 0307. The time required to complete this information collection is estimated to average 10 minutes 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, 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: <input type="checkbox"/> HUNTING TROPHIES <input type="checkbox"/> BOVINE SERUM <input type="checkbox"/> OTHER:

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

SPECIES	DISEASE(S) OF CONCERN	TYPE(S) OF MATERIAL	OTHER (continued):
<input type="checkbox"/> RUMINANT <input type="checkbox"/> SWINE <input type="checkbox"/> AVIAN <input type="checkbox"/> OTHER:	<input type="checkbox"/> FMD <input type="checkbox"/> ASF <input type="checkbox"/> ND/HPAI <input type="checkbox"/> OTHER:	<input type="checkbox"/> BONES <input type="checkbox"/> HIDES/SKINS <input type="checkbox"/> BLOOD PRODUCTS <input type="checkbox"/> 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): <input type="checkbox"/> 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: <input type="checkbox"/> IMPORTER/HUNTER (box 10) <input type="checkbox"/> BROKER <input type="checkbox"/> OTHER NAME: NAME: NAME: PHONE NUMBER: PHONE NUMBER: PHONE NUMBER: EMAIL: 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: PRINT NAME: SIGNATURE:	PORT NAME/CODE:
------------------	--	-----------------

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:
--	---

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: _____