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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: <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: 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: PRINT NAME:      SIGNATURE:	PORT NAME/CODE:
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**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: _____