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OMB APPROVED
0579-0040
EXP.: XX/XXXX

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

SUMMARY OF QUARANTINE BIRDS

(VS MEMO 591.33)

INTERIM REPORT FINAL REPORT

1. NAME OF QUARANTINE FACILITY

2. CODE

3. ADDRESS

4. OWNER'S NAME

SHIPMENT	NO. 1	NO. 2	NO. 3
5. PERMIT NUMBER			
6. ARRIVAL DATE			
7. AIRLINE NAME			
8. FLIGHT NUMBER			
9. ARRIVAL TIME			
10. NUMBER CRATES			
11. IDENTIFICATION NUMBER <i>(invoice, waybill etc.)</i>			
12. BROKER'S NAME & ADDRESS			
13. CUSTOM			
14. INTERIOR DEPARTMENT			
15. VS FORM 17-29			
16. CLEANING & DISINFECTING TRUCK			
17. CLEANING & DISINFECTING PLANE			
18. CLEANING & DISINFECTING CRATES			
19. SHIPPER			
20. ADDRESS			
21. COUNTY			
22. PERSONNEL			

23. SHIPPED TO *(if more space is required, attach sheet)*

24. TOTAL DEAD	25. RELEASE DATE	26. DISPOSITION DATE	27. SIGNATURE	28. DATE
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NAME OF BIRDS BY SPECIES <i>(Use Declaration for Importation or Exportation of Fish or Wildlife (Form 3-177). Declaration to be completed by importer prior to release of birds.)</i> http://www.fws.gov/le/declaration-form-3-177.html	RECEIVED			DOA			DIED DURING QUARANTINE			TOTAL RELEASE
	1	2	3	1	2	3	1	2	3	
29.										
30.										
31.										
32.										
33.										
34.										
35.										
36.										
37.										
38.										
39.										
40.										
41.										
42.										
43.										
44.										
45. TOTAL										

46. LEG BAND NUMBERS

LABORATORY REPORTS

DATE SUBMITTED	REFERRAL NUMBER	TYPE OF SPECIMEN/SPECIES	ACCESSION NUMBER	LABORATORY RESULTS	DATE OF LAB REPORT