OMB Approved
0579-0393
Exp.: 06/2027
0579-0453
Exp.: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

RUMINANTS IMPORTED TO DESIGNATED/APPROVED FEED

1.PORT OF ENTRY

2.ENTRY DATE

Port Veterinarian - Complete items 1 through 12 and attach copy of health certification.
Distribute copies as indicated bel

Accredited Veterinarian or other designated individual at the feedlot - complete #13-18 and return original to Port Veterinarian (see #12) within 14 days of receipt of the animals. The animals identified below (official animal identification is on the attached Health Certificate) were imported in accordance with USDA, APHIS regulations for shipment to feedlots and are under your supervision. These animals must remain at this feedlot (see # 9) and sent to slaughter before they are 30 months of age (for cattle, bison) or 12 months of age (for sheep, goats) in a sealed vehicle using VS Form 1-27. Official animal identification cannot be removed from these animals.

3.TO: *(Accredited Veterinarian or other designated individual at feedlot (Address, Include Phone Number and ZIP Code))*

← Return one completed copy to *(Use window envelope)*

4. NUMBER OF ANIMALS

5. SPECIES OF ANIMALS

6. TRUCK *(Trailer)* LICENSE NUMBER

7. SEAL NUMBERS

8. NAME AND ADDRESS OF CONSIGNOR *(Include ZIP Code and Phone Number)*

9. NAME AND ADDRESS OF FEEDLOT *(Include ZIP Code and Phone Number)*

10. NAME AND ADDRESS OF CONSIGNEE *(Include ZIP Code and Phone Number)*

11. SIGNATURE OF PORT VETERINARIAN

12. PORT VETERINARIAN *(Include ZIP Code)*

← Return one completed copy to *(Use window envelope)*

RECEIPT OF SHIPMENT

This is to certify that, except as noted in #16, all animals identified above and on the attached health certificate were received and will remain at the location in #9 until sent to slaughter. This shipment must be sealed when it arrives at this feedlot. If any official seals are broken or missing, I will immediately contact the Port Veterinarian. Identification of dead animals must be included in #16.

13.DATE RECEIVED

14.

a. I observed that all seals listed in #7 were present and intact. ☐ YES ☐ NO

b. If any listed seals are missing or broken the Port Veterinarian was contacted within 24 hours of receipt. ☐ YES ☐ NO

15.NAME AND ADDRESS OF FEEDLOT *(Include ZIP Code and Phone Number)*

16.REMARKS

21.SIGNATURE OF VETERINARIAN AT DESTINATION

22.DATE SIGNED