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 c information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0393. The complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching e sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.				e time required to	OMB Approved 0579-0393 Exp. Date: XX/XXXX
UNITED STATES DEPARTMENT OF AGRICULTURE				1. PORT OF E	NTRY
ANIMAL AND PLANT HEALTH INSPECTION SERVICE					
ANIMALS	6 IMPORTED F	OR IMMEDIATI	E SLAUGHTER		
D eat Materia arises Oceand	- (- 1)	Distribute contractor in	d'a stand hadaaa	2. ENTRY DAT	E
Port Veterinarian – Complete items 1 through 12. Distribute copies as indicated below. Veterinarian at Destination – Return Part 3 to Port Veterinarian after completion of items 18 through 22.					-
animals must be slaughtere	d as soon as possible	after arrival at destination	nt regulations for shipment to an estab on <i>but not later than two weeks from th</i> rm to the port veterinarian shown in ite	ne "Entry Date" sh	
3. TO: (Veterinarian at destination, include ZIP Code)					
				← Mail original to	
				(Use window envelope)	
				(Use windo)	w envelope)
4. NUMBER 5. SPECIES OF ANIMALS				6. TRUCK (Tra	ailer) LICENSE NUMBER
7. RAILROAD CAR NUMB	FR	8. SEAL NUMBERS			
		0. OEAE NOMBERO			
9. NAME AND ADDRESS	OF CONSIGNOR (Inc	luda ZIR Cada)	10. NAME AND ADDRESS OF C	ONSIGNEE (Incl	uda ZIP Cada)
9. NAME AND ADDRESS (10. NAME AND ADDRESS OF C		
11. SIGNATURE OF PORT VETERINARIAN					
11. SIGNATURE OF FORT VETERINARIAN					
12. PORT VETERINARIAN (Include ZIP Code)					
	(
				← Return or	ne completed copy to
				(Use window envelope)	
				(030 11110)	
REPORT OF SLAUGHTER					
This is to certify that, except as noted below, all animals identified above were received and held in pens until slaughter was completed, so as to prevent					
contact with animals not scheduled for immediate slaughter.					
13. DATE SLAUGHTERED14. REMARKS					
15. NAME AND ADDRESS OF ESTABLISHMENT (ZIP Code)					
15. NAME AND ADDRESS					
		1			
16. SIGNATURE OF ESTABLISHMENT OFFICIAL			17. TITLE		
			D POST MORTEM REPORT		
18. TAG NUMBER 19. DESCRIPTION OF ANIMAL				20. TUBERCU	LOSIS LESIONS
Insofar as can be determined, the above certification with respect to slaughter is true and accurate. Except as noted above, post mortem examination of					
these animals did not show lesions suggestive of tuberculosis. 21. SIGNATURE OF VETERINARIAN AT DESTINATION 22. DATE SIGNATURE OF VETERINARIAN AT DESTINATION 23. DATE SIGNATURE OF VETERINARIAN AT DESTINATION					
21. SIGNATURE OF VETE	RINARIAN AT DEST	NATION		22.	. DATE SIGNED
10 F001 :=					
VS FORM 17-33 Previous edition may be used.					
AUG 2009					