According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0040. The time required to complete this information collection is estimated to average .190 hours per response, in cluding the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No zoo animals can be released from quarantine for movement to an approved zoological park unless this form is completed at the New York Port of Entry (9 CFR 93).

FORM APPROVED: OMB NO 0579-0040

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES POST ENTRY QUARANTINE RECORD OF ZOO ANIMALS				1. VS FORM	17-30 NO.		2. PERMIT NO.	
NOTE: Health Inspection on Reverse				3. COUNTRY	OF ORIGIN			
INSTRUCTIONS: Insert carbons and complete all entries by typewriter or ink. Signatures in ink only. Quarantine Station-Complete items 1 through 16 on all copies. Send yellow to Riverdale. Send pink, and white to Zoo. Zoo Official -Complete items 17 through 19 on all copies, send green and white to V Field Station, retain pink. VS Field Station -Retain green and send white to Riverdale, MD office.				4. PORT OF EMBARKATION				
5. TATTOO 6. SPECIES (Description)	7. SEX 8.		IMATED YEAR BIRTH	9. CARR	IER			
10. IMPORTER (Name and address include Zip Code)		11. PORT OF	11. PORT OF ENTRY			12. DATE OF ENTRY		
			13. TERMINATION DATE OF QUARANTINE				14. DATE REMOVED FROM QUARANTINE STATION	
15. DESTINATION - APPROVED ZOO (Name and address		FOR USE BY VS RIVERDALE, MD OFFICE - Record of Transfer						
include Zip Code)	20. APPROVED ZOO (Name and address include Zip Code)			nclude Zip	25. APPROVED ZOO (Name and address include Zip Code)			
16. ENDORSEMENT	21. ENDORSEMENT				26. ENDORSEMENT			
17. DATE OF ARRIVAL AT ZOO 22. DATE OF AR		RIVAL AT ZOO			27. DATE OF ARRIVAL AT ZOO			
18. SIGNATURE OF RESPONSIBLE OFFICIAL	23. SIGNATURE OF RESPONSIBLE OFFICIAL			CIAL	28. SIGNATURE OF RESPONSIBLE OFFICIAL			
19. LOCATION IN PARK	24. LOCATION IN PARK				29. LOCATION IN PARK			
DATE PEN NO.	DATE	PEN N	PEN NO.		DATE		PEN NO.	

PERIODIC HEALTH INSPECTION

(Inspections to be made at least every six months - type data, sign in ink)

DATE	REMARKS	SIGNATURE (Examining Veterinarian)

COPY DESIGNATIONS LOWER RIGHT CORNER IN BLACK INK

PART 1 - AREA OFFICE, RIVERDALE, MD

PART 2 - ZOO

PART 3 - RIVERDALE, MD OFFICE

PART 4 - VS AREA OFFICE