No advance space reservation n	nay be made unless a completed	application has been received (9 CF	R 92).	P2). FORM APPROVED OMB NO. 0579-0040		
ANIMAL AN	DEPARTMENT OF AGRIC ID PLANT HEALTH INSPEC ORTATION OF PET (Personally Owned)	CTION SERVICE	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 .17 hours per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.			
	, ,	ESERVATIONAT A USDA				
1. NAME AND U.S. MAILING A	ADDRESS OF APPLICANT (Incl	lae Ζιρ Code)	2. NAME AND ADDRESS OF OWNER	OR SHIPPER IN COUNTRY OF	ORIGIN	
	TELE: AC					
3. NAME AND MAILING ADDRE	ESS OF IMPORT-EXPORT BRO	KER (If applicable) (Include Zip Code	ə) <sup>-</sup>	4. ANTICIPATED DA	TE OF ENTRY INTO THE U.S.	
		-				
			ELE: AC			
been exposed to any communicable disease of poultry, however, I understand entry. Further, I agree to arrange for and pay for all transportation and of quarantine facility within 5 working days after receipt of notice of release; and			om quarantine. To the best of my knowledge, the bird(s) are healthy and have not if that if the bird(s) are found to be diseased during quarantine, they will be refused ther incidental costs related to this importation, to remove said bird(s) from the to waive any claim for liability against the Department which may be related to the notice will constitute abandonment, and that USDA will dispose of said bird(s) as         e items 10 and 11       NOTE: Return ALL copies of this form to the Port Veterinarian. The quarantine fee must accompany this application. Please send only a U.S. money order, certified check, or personal check payable to "USDA-APHIS."			
SECTION B - RESERVA 7. DATE APPLICATION RECEIVED	8. RESERVATION	VETERINARIAN				
	APPROVED: REJECTED (Give reason(s))  A. Reservation No B. Expiration Date C. Port of Entry					
9. DATE APPROVED OR REJECTED	10. SIGNATURE OF PORT	VETERINARIAN				
		owing certification must b time the bird(s) are shipp	e signed by a full-time salaried ed to the United States)	veterinary officer of the	anational government	
			nem to be free of evidence of Ne ted in compliance with the laws			
11. IDENTIFICATION OF BIRD	(S)		12. CERTIFIED BY:			
COMMON NAME	SCIENTIFIC NAME	IDENTIFICATION NUMBER (If Available)	A. SIGNATURE OF VETERINARY OF	FICER	B. DATE CERTIFIED	
			C. NAME, TITLE, AND ADDRESS OF	CERTIFYING VETERINARY O	FICER (Type or Print)	
SECTION D - ENTRY A	ND QUARANTINE REL	EASE OF BIRD(S) IDENTIF	FIED IN SECTION C			
13. DATE OF ENTRY OR DATE REFUSED ENTRY	15. CHARGES A. Quarantine		16. DATE OWNER/BROKER NOTIFIE	ED TO PICK-UP BIRD(S) OR RE	FUSED ENTRY	
	B. Advance Fee		17. DATE BIRD(S) RELEASED	17. DATE BIRD(S) RELEASED		

14. ENTRY NO.	C. Prepayment D. Balance Due E. Total Collected	17. DATE BIRD(S) RELEASED
---------------	---	---------------------------