

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 number. The valid OMB control number for this information collection is 0579-0040. The time required to complete this collection of information is estimated to average .05 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

This report is authorized by law (9 CFR 92). Failure to complete and sign form will result in abandonment of birds.

See reverse side for additional OMB information.

FORM APPROVED
OMB NO. 0579-0040

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
AGREEMENT OF PET BIRD OWNER

1. NAME AND ADDRESS OF OWNER (Include Zip Code)

STREET

CITY AND STATE

ZIP CODE

INSTRUCTIONS: Complete items 1 through 6 and the applicable Agreement A, B, or C. Distribute copies as identified.

2. PASSPORT NO. (If none, give Social Security No., or Driver's License No.)

3. DATE OFFERED FOR ENTRY

4. NO. OF BIRDS

5. KIND OF PET BIRDS

6. FROM (Country of Origin)

7. OWNER'S AGREEMENT - SIGN A - B - C OR D BELOW (Refusal to sign this form, automatically places option D into effect)

A

I do hereby declare that the pet birds identified above will be maintained in my personal possession, separate and apart from all other birds and poultry at the location indicated in item (1) below for a minimum of 30 days until released by an inspector of the Animal and Plant Health Inspection Service of the United States Department of Agriculture. If the birds must be moved, I agree to contact the official in item (2) below *prior to such movement*.

I hereby agree the bird(s) will be available for inspection during the aforementioned period of confinement at the address in item (1) below and at such times as deemed necessary by an inspector of the Animal and Plant Health Inspection Service of the United States Department of Agriculture. I further agree to immediately notify the Federal Official in item (2) below if any signs of disease are noted or if the bird(s) die during the confinement period.

I understand if a laboratory specimen is taken and if found to contain the virus of Newcastle disease that the birds will be disposed of by the Animal and Plant Health Inspection Service of the United States Department of Agriculture.

(1) LOCATION WHERE BIRDS WILL BE HELD

(2) NAME AND ADDRESS OF FEDERAL OFFICIAL TO CONTACT

STATE

PHONE NUMBER (Include Area Code)

LABORATORY SPECIMEN TAKEN

SPECIMENS SUBMITTED BY (Name)

REFERRAL NO.

B

Section B applicable to Canadian pet birds and U.S. birds that have been outside the U.S. for less than 60 days (9 CFR 92.2(c)(1) & (2)(i))

I certify that the birds have been in my possession for at least 90 days; that they are apparently healthy; and that they have not been exposed to any other birds during those 90 days.

SIGNATURE OF OWNER

DATE SIGNED

OWNER'S TELEPHONE NO.

AREA CODE

PHONE NO.

WITNESSED BY (Signature)

TITLE

DATE

C

In lieu of A above, I agree to export my birds to (Country)

SIGNATURE OF OWNER

DATE SIGNED

D

In lieu of any of the above options, I hereby abandon my bird(s) to the Animal and Plant Health Inspection Service of the United States Department of Agriculture for disposal.

SIGNATURE OF OWNER

DATE SIGNED

8. PORT OF ENTRY		9. CARRIER AND FLIGHT NO.		10. POST-ENTRY NO.	
11. DETAINING OFFICIAL (Signature)		12. TITLE		13. AGENCY	14. DATE
I certify that I have, this day, inspected the birds identified above offered for importation, and have found them to be free of evidence of communicable disease or exposure thereto, and release them for the purpose as stated above.					
15. PORT RELEASING OFFICIAL (Signature)		16. TITLE		17. DATE RELEASED	
I have inspected the birds inspected above, and find that all applicable provisions of 9 CFR Part 92 as amended have been met.					
18. FINAL RELEASING OFFICIAL (Signature)		19. TITLE		20. DATE RELEASED	

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE AGREEMENT OF PET BIRD OWNER		A. NAME AND ADDRESS OF OWNER (Include Zip Code) • STREET _____ _____ CITY AND STATE _____ ZIP CODE _____	
INSTRUCTIONS: Complete items 1 through 6 and the applicable Agreement A, B, or C. Distribute copies as identified.			
2. PASSPORT NO. (If none, give Social Security No., or Driver's License No.)	3. DATE OFFERED FOR ENTRY	4. NO. OF BIRDS	5. KIND OF PET BIRDS
6. FROM (Country of Origin)			

IMPORTED PET BIRDS BEING HELD UNDER QUARANTINE

(1) LOCATION WHERE BIRDS WILL BE HELD _____ _____ B. STATE _____			(2) NAME AND ADDRESS OF FEDERAL OFFICIAL TO CONTACT _____ _____ _____			
<input type="checkbox"/> LABORATORY SPECIMEN TAKEN						
F. SPECIMENS SUBMITTED BY (Name) • STREET _____ CITY _____ STATE _____ ZIP CODE _____			G. REFERRAL NO. • H. DISEASES SUSPECTED • I. EXAMINATIONS REQUESTED •			
•MATERIAL SUBMITTED	•IDENTIFICATION	•SPECIES	•AGE		SEX •	•PRESERVATION (Fresh, Frozen, Formalin, Borax, etc.)
			YRS.	MOS.		

J. ADDITIONAL DATA (History, Clinical Signs, Post Mortem findings, remarks, etc., or State and Country of destination if animals are to be Shipped. Use additional sheets - 5 Copies-if necessary.)

SIGNATURE OF SUBMITTOR

LABORATORY USE ONLY

K. DATE RECEIVED	L. ACCESSION NO.	M. CONDITION •	PRIORITY	DISTRIBUTION	RECEIVED BY
------------------	------------------	-------------------	----------	--------------	-------------