



US Swine Health Improvement Plan

Piloting a proven platform for safeguarding, certifying, and bettering animal health

IOWA US SHIP Enrollment Form

US SHIP Participant Information (Swine Owner)

Business or Company Name: _____

Contact Name: _____

Mailing Address: _____

Street

City

State

Zip

Phone Number: _____ Email: _____

Additional Premises Contact Information

Same as US SHIP Participant (Swine Owner)

**For US SHIP Participants enrolling multiple sites, additional contact info for each site will need to be listed on the attached spreadsheet. **

Site Owner Contact:

Name: _____

Business or Company Name: _____

Mailing Address: _____

Street

City

State

Zip

Phone Number: _____ Email: _____

Additional Site Contact: *(Ex. Site manager, caretaker etc.)*

Name: _____

Phone Number: _____ Email: _____

Preferred Additional Contact: Site Owner Additional Contact

Premises (Site) Information

I am enrolling multiple sites and all site information is contained on the attached spreadsheet.

Premises Identification Number (PIN): _____

Common Name of Site *(if different than Swine Owner Name)*: _____

911 Address of Site: _____

Address

City

State

Zip

GPS Coordinates (Decimal Degrees) Latitude: _____ Longitude: _____



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Site Type:

- Boar Stud** – Production site with mature boars that distribute semen to other production sites.
- Breeding Herd** – Production site with breeding females and house $\geq 1,000$ breeder or feeder swine. (e.g., breed-to-wean, breeding/gestation or farrowing only, with or without on-site gilt isolation/grow-out).
- Growing Pigs** – Production site with $\geq 1,000$ feeder swine (nursery, grower, or finisher).
- Farrow to Feeder/Finish** – Production site with breeding females, grow feeder swine for purposes other than breeding stock replacement for this particular farm site, and house $\geq 1,000$ breeder or feeder swine.
- Small Holding** – Production sites with ≥ 100 and $< 1,000$ breeder or feeder swine.
- Non-Commercial** – Production sites with < 100 pigs.
- Packing Plant** – A facility that slaughters pigs.

Site Capacity: _____.

US SHIP Program Compliance

These statements apply to all sites listed for multi-site enrollment

Veterinary-Client-Patient Relationship

I affirm that I have a relationship with a USDA Category II Accredited Veterinarian for the enrolled site(s) and have involved them in US SHIP participation discussion.

Veterinarian Name: _____

Veterinary Clinic or Business Name: _____

Phone Number: _____ Email: _____

Biosecurity:

I affirm the feeding of swill, garbage, or table waste that has the potential to contain meat products is strictly prohibited on the site(s) enrolled on this form.

I affirm the enrolled site(s) have a biosecurity plan regarding site visitors that have been exposed to livestock, feral/wild pigs, or slaughter facilities in ASF/CSF/FMD positive regions or countries abroad. This includes observing 5 days of downtime before entering the facility and wearing PPE on the site.

I agree to complete a survey of the high-level biosecurity practices on the enrolled site(s) upon completion of this form. (Survey link will be emailed to you).

Traceability:

I affirm that I maintain records of the intrastate and interstate movements of live swine into and out of the site(s) enrolled on this form.

I agree to demonstrate competency of live animal movement records by submitting at least 30 days of movement information to IDALS in a test exercise coordinated within one year of enrollment.

Sampling and Testing (Disease Surveillance):

I acknowledge there is no sampling and testing requirement for the initial 12-month period of the US SHIP program, and I understand this will change as the program evolves.



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US SHIP Program Acknowledgements

- I acknowledge that the US SHIP program standards will evolve over time and that delegate participation is important for the quality of the US SHIP program.
- I acknowledge it is my responsibility as a program participant to meet or exceed the requirements for the US SHIP certifications and notify IDALS with any changes to the site(s) enrolled. (Ex. Changes to site contact information; if the site(s) are no longer enrolled in the program etc.).
- I declare that I have completed this enrollment form understanding the US SHIP program standards and have made a good-faith effort that the information provided is true, correct, and complete.

Program Participant Signature: _____

Date: _____