



# US Swine Health Improvement Plan

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

## Multi-Premises US SHIP Enrollment Form

**State of Participation** (location of participating premises): \_\_\_\_\_  
*Participants are to enroll with each US SHIP OSA in which they have participating facilities located.*

### **Swine Owner Information (US SHIP Participant)**

Name (*Business Entity*): \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Premises (Site) Information**

Submit enrolling premises demographic and contact information via spreadsheet to US SHIP OSA

Please check all site types that apply:

- Boar Stud - *Production site with mature boars that distribute semen to other production sites.*
- Breeding Herd - *Production site with breeding females and house  $\geq 1,000$  breeding 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 and 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  $\geq 100$  and  $< 1,000$  total breeder or feeder swine.*
- Non-Commercial - *Production sites with  $< 100$  pigs (e.g., exhibition, niche, hobby)*
- Packing Plant - *A facility that slaughters pigs.*
- Live Animal Marketing Operation - *A dealer with a livestock yard/buying station (facility) that markets  $> 100$  swine/week for resale of such swine to slaughter facilities.*

## Acknowledgment of Participant Understanding & Compliance

### **Name and Contact Information for the Individual Submitting Acknowledgment**

Same as Swine Owner Contact (US SHIP Participant) Above

If different, please complete below:

Name: \_\_\_\_\_

Relationship to Swine Owner (US SHIP Participant): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I can attest to this US SHIP program participant's understanding of the relevant program standards and good-faith efforts to be compliant with the requirements of the US SHIP certification(s) held.



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- I acknowledge that the US SHIP program standards are expected to evolve over time. It is the responsibility of the program participants to meet or exceed the requirements for the US SHIP certifications they elect to maintain.
  
- As a US SHIP participant, I grant permission for the US SHIP OSA to share the PIN(s) and Status of US SHIP Health Certifications for the premises of which I have enrolled to the US SHIP Site Status Verification Database.

Date: \_\_\_\_\_