

USSwine Health Improvement Plan

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

Single Premises US SHIP Enrollment Form

<u>State of Participation</u> (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 Entr	ity):			
Address:				
	Address	City	State	Zip
Phone Number:		_Email:		
Premises (Site)	Information			
Premises Identifica	tion Number (PIN):			
Common Name of	Site (if different than Swin	ne Owner Name):		
911 Address of Site	e:			
	Address	City	State	Zip
GPS Coordinates (i	if 911 address not assigned	d) Latitude:	Longitude:	
Site Type:				
Boar Stud - Prod	duction site with mature bo	pars that distribute semen to	other production sites.	
□ Breeding Herd -	Production site with bree	ding females and house $\geq 1,0$	000 breeding swine (e.g., b	preed-to-wean,
-	breeding/gestation or farm	rowing only, with or without	on-site gilt isolation/grow	<i>-out)</i> .
		00 feeder swine (nursery, gro		,
		with breeding females and g		ooses other than
		replacement for this particu	lar farm site, and house \geq	1,000 breeder or
	feeder swine.	00 1 < 1 000 < 11 1	C 1 ·	
		00 and < 1,000 total breeder < 100 pigs (e.g., exhibition, 1		
		10 00	uche, hobby)	
	A facility that slaughters p	ligs.		
\Box Live Animal Ma	arketing Operation - A de	ealer with a livestock yard/bi	uying station (facility) that	markets > 100
	swin	e/week for resale of such swi	ine to slaughter facilities.	
Site Capacity:				
Premises (Site)	Owner Informatio	<u>n</u>		
□ Same as Swine	Owner Contact (US SH	IIP Participant)		
If different, please	complete below:			
Name:				
Address:				
	Address	City	State	Zip
Phone Number:		Email:		



Acknowledgment of Participant Understanding & Compliance

Name and Contact Information for the Individual Submitting Acknowledgment

Name:

□ Same as Swine Owner Contact (US SHIP Participant) on Page 1

If different, please complete below:

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.
- □ 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: