

# AQUACULTURE VERIFICATION CERTIFICATE

For artificial propagators and dealers of fish species located within the Viral Hemorrhagic Septicemia Virus Quarantined Counties in Pennsylvania, and also the states of Illinois, Indiana, Michigan, Minnesota, New York, Ohio and Wisconsin to ship VHS-susceptible fish species into the Commonwealth of Pennsylvania.

## Section A: Premise Information

State of Origin: \_\_\_\_\_ Premise ID: \_\_\_\_\_

Aquaculture License Number: \_\_\_\_\_

Lot Owner: \_\_\_\_\_

Address of Lot: \_\_\_\_\_

Phone Number of Lot Owner/ Manager: \_\_\_\_\_

Type of Fish that Qualify for movement (Quantity, species, size/age.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section B: Testing Information

The above identified lot has been established and no fish have been added to this lot since testing. Randomly selected fish have been tested according to OIE or American Fisheries Society "Fish Health Section Blue Book" standards. The negative test results are valid for 365 days, if no additional fish were added to the lot. The negative test results must be attached to this Certificate.

Test Date: \_\_\_\_\_ Laboratory Accession Number: \_\_\_\_\_

Expiration Date of Certificate: \_\_\_\_\_

## Section C: Official Tester Verification

I certify that I have randomly sampled the fish from the above identified lot. I have inspected the fish as described above and no signs of clinical disease were observed and the fish tested negative for Viral Hemorrhagic Septicemia Virus.

Printed name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

I am a (select one):       State Official,                       Federal Official,  
                                          Accredited Veterinarian,               Certified Aquaculture Technician

## Section D: Lot Owner/ Manager Verification

Lot Owner/ Manager Printed Name: \_\_\_\_\_

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