

# **USSwine Health Improvement Plan**

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

# **Single 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) Informatio	<u>n</u>			
Premises Identification Number (	PIN):			
Common Name of Site (if different	than Swine Owner Name	):		
911 Address of Site:				
Address		City	State	Zip
GPS Coordinates (if 911 address not	assigned) Latitude:		Longitude:	
□ Growing Pigs - <i>Production site w</i> □ Farrow to Feeder/Finish - <i>Prod</i>	with breeding females an on or farrowing only, with ith $\geq 1,000$ feeder swine uction site with breeding replacement for this par with $\geq 100$ and $< 1,000$ ites with $< 100$ pigs (e.g. ughters pigs.	d house $\geq 1,000$ b h or without on-s. (nursery, grower, females and grow ticular farm site, total breeder or f , exhibition, nicho	breeding females. (e.g., breed- ite gilt isolation/grow-out). , or finisher). w feeder swine for purposes of and house $\geq 1,000$ breeder or feeder swine. e, hobby)	ther than breeding
Site Capacity:				
Premises (Site) Owner Info	ormation			
□ Same as Swine Owner Contac If different, please complete below	_	ant)		
Name:				
Address:				

	Address	City	State	Zip
Phone Number: _		_ Email:		



### Acknowledgment of Participant Understanding & Compliance

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

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

If different, please complete below:

Date:

Please return the completed form to usship@iastate.edu and cc Dr. Nan Hanshaw at nhanshaw@pa.gov