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| DAH-BADC-026.docx (rev 3/2024) | | | | | | | OFFICE USE ONLY | | | | | | | | | | |
| DATCPlogo_1in_g | Wisconsin Department of Agriculture,  Trade and Consumer Protection  Division of Animal Health  Lockbox 93178 Milwaukee, WI 53293-0178  Phone: (608) 224-4872 Fax: (608) 224-4871 | | | | | | Date Received | | | | | Amount Received | | | Check Number | | |
| Personal information you provide may be used for purposes  other than that for which it was originally collected –  sec.15.04 (1)(m), Wis. Stats. An Equal Opportunity Employer. | | | | | | | | | | |
| QUALIFIED PSEUDORABIES NEGATIVE HERD STATUS FOR SWINE | | | | | | | | | | | | | | | | | |
| Issued under the provisions of section ATCP 10.27, Wis. Admin. Code and the Pseudorabies Eradication State-Federal-Industry Program Standards.  This application shall be used to certify a herd of swine as a qualified pseudorabies negative herd if the herd qualifies for certification under the Pseudorabies National Eradication Program Standards. Initial test - for breeding herds, Qualified Negative status is attained by (1) subjecting to an official pseudorabies serologic test all swine over 6 months of age plus a number of progeny equal to 20% of the breeding swine population of the herd, and (2) finding that all swine are negative to the test. Progeny shall be randomly selected from swine between 4 and 6 months of age. The herd must not have been a known infected herd within the 30 days prior to the qualifying test. A minimum of 90% of the swine in the herd must have been on the premises and a part of the herd for at least 60 days prior to the qualifying official pseudorabies serologic test or have entered by direct shipment from another qualified negative herd. Continued status - testing must be done either monthly or quarterly. For monthly testing, every 30 days, conduct an official pseudorabies serologic test of 7% of all breeding swine 6 months of age or older, and test a number of offspring 4 to 6 months of age located on the same premises as the breeding herd equal to 2% of the breeding animals in the herd. For quarterly testing, every 80 to 105 days, conduct an official pseudorabies serologic test of 20% of all breeding swine 6 months of age or older, and test a number of offspring 4 to 6 months of age located on the same premises as the breeding herd equal to 6% of the breeding animals in the herd. All swine tested shall be randomly selected and in the case of adult swine, representative of all age groups on the premises. Certification is good for a maximum of 12 months.  Completing this form is mandatory for swine herd owners who want to have “Qualified Pseudorabies Negative” herd status. Movement of swine or any other act inconsistent with § ATCP 10.27 is subject to civil forfeitures and/or imprisonment.  Every application for herd certification shall include a nonrefundable fee of $50 for annual certification. A copy of pseudorabies test results must accompany this application if it is submitted for initial qualification. | | | | | | | | | | | | | | | | | |
| OWNER INFORMATION | | | | | | | | | | | | | | | | | |
| NAME OF LEGAL ENTITY OR PERSON THAT OWNS HERD | | | | | | BUSINESS NAME (if different) | | | | | | | | | | | |
| NAME OF CONTACT PERSON | | HERD OWNER EMAIL | | | | | | | PHONE NUMBER  (     )     - | | | | | | | | |
| MAILING ADDRESS | | | | | | | CITY | | | | | | | STATE | | | ZIP CODE |
| HERD INFORMATION | | | | | | | | | | | | | | | | | |
| ADDRESS (if different than above) | | | | | | | CITY | | | | | | | STATE | | | ZIP CODE |
| COUNTY | | | | | | | LIVESTOCK PREMISES CODE | | | | | | | | | | |
| QUALIFYING METHOD | | | | | | | | | | | | | | | | | |
| Number of breeding swine in herd | | | Do you keep any 4-6 mo. old progeny of the breeding swine?  Yes  No | | | | | | | | | | | | | | |
| Initial qualifying test - 100% of breeding stock over  mo. of age, plus required number of progeny (see above) | | | | Test Date: | | | | | | | Monthly Testing | | | | | Quarterly Testing | |
| VETERINARY INFORMATION | | | | | | | | | | | | | | | | | |
| HERD VETERINARIAN’S NAME | | | | | HERD VETERINARY CLINIC’S NAME | | | | | | | | | | | | |
| ADDRESS OF VETERINARY CLINIC | | | | | CITY | | | | | | | | STATE | | | | ZIP CODE |
| VETERINARIAN PHONE NUMBER  (     )     - | | VETERINARY CLINIC PHONE NUMBER (if different)  (     )     - | | | | | | | | VETERINARIAN/ VETERINARY CLINIC EMAIL | | | | | | | |
| FEE | | | | | | | | | | | | | | | | | |
| $50 Fee for annual certification | | | | | | | | | | | | | | | | | |
| Please include with your application a check for $50 payable to: DATCP – Division of Animal Health and  mail to: Lockbox 93178, Milwaukee, WI 53293-0178. | | | | | | | | | | | | | | | | | |
| APPLICANT CERTIFICATION AND SIGNATURE | | | | | | | | | | | | | | | | | |
| I certify that the above information is true, correct and complete, including all required attachments. I hereby agree to comply with all applicable requirements under the Pseudorabies Eradication State-Federal-Industry Program Standards. | | | | | | | | | | | | | | | | | |
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| SIGNATURE OF APPLICANT | | | | | | | | DATE OF APPLICATION | | | | | | | | | |