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| AH-SW-102.docx (07/11/18) | | FOR OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture,  Trade and Consumer Protection  Division of Animal Health  PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4872 Fax (608) 224-4871 | PERMIT NUMBER: |
| DATE ISSUED: |
| DATE EXPIRES: |
| SIGNATURE: |
| ss.ATCP 10.32(2)(b)2. and 10.08(3) Wis. Admin. Code |
| Permit to Remove Terminal Fair Swine to a Location Other than Slaughter | | |

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| FAIR OR SWINE OWNER: Before the end of the fair or exhibition, Email or FAX a copy  of this permit with all sections completed except for the slaughter plant’s bottom section to: FAX: 608-224-4871 or Email: [datcpswineherdplans@wisconsin.gov](mailto:datcpswineherdplans@wisconsin.gov)  SLAUGHTER PLANT: Mail, FAX, or email a copy of this permit within 7 days of animal receipt to: Department of Agriculture, Trade and Consumer Protection, Division of Animal Health, c/o Swine Program Manager, P.O. Box 8911, Madison, WI 53708-8911 or FAX: 608-224-4871 or Email: [datcpswineherdplans@wisconsin.gov](file:///C:/Users/maygm/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/NDPUPVB1/datcpswineherdplans@wisconsin.gov) |

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| SWINE OWNER INFORMATION/PREMISES WHERE SWINE WILL BE KEPT | | | SLAUGHTER FACILITY INFORMATION | | |
| NAME | | | NAME OF SLAUGHTER FACILITY | | |
| ADDRESS | | | FACILITY LICENSE NUMBER | | |
| CITY | STATE | ZIP | ADDRESS | | |
| PREMISES CODE | | | CITY | STATE | ZIP |
| PHONE NUMBER | | | PREMISES CODE | | |

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| FAIR/SHOW/EXHIBITION INFORMATION | | | | SHIPPER INFORMATION | | | |
| NAME | | | | NAME | | | |
| ADDRESS | | | | ADDRESS | | | |
| CITY | | STATE | ZIP | CITY | | STATE | ZIP |
| DATE SWINE REMOVED | | | | REASON SWINE REMOVED | | | |
| AUTHORIZED FAIR/SHOW/EXHIBITION OFFICIAL | | | | | | | |
| PRINT NAME: |  | | | SIGNATURE: |  | | |

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| ANIMALS TO BE MOVED IN THIS SHIPMENT (ATTACH ADDITIONAL PAGES IF NECESSARY) | | | | | | | | | | | |
| # | Official Identification | Other ID or Dead Tag | Breed | Age | Sex | # | Official Identification | Other ID or Dead Tag | Breed | Age | Sex |
| 1 |  |  |  |  |  | 3 |  |  |  |  |  |
| 2 |  |  |  |  |  | 4 |  |  |  |  |  |

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| WARNING TO OWNER / SHIPPER: SWINE MUST BE DELIVERED TO NAMED SLAUGHTER FACILITY ONLY. | | | |
| I hereby certify that the animals identified on this document are the only animals in this shipment and that all animals represented on this document are to be delivered to the above named slaughter facility. I have arranged or will arrange for this permit application to accompany the intrastate shipment and a fully-completed copy of the permit application to be forwarded to the Division of Animal Health.  The swine on the premises listed above shall be quarantined. If additional swine are present, a herd plan which shall include testing of the herd for PRRS and PEDV is required. While the herd is under quarantine, no swine will be allowed to move from the premises except for the swine going directly to the named slaughter establishment or to a terminal show. The quarantine shall be released by the department upon slaughter of the listed swine and if required because other swine are present, approval of the herd plan. | | | |
| SWINE OWNER SIGNATURE: |  | DATE: |  |

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| FOR USE BY SLAUGHTER FACILITY ONLY I certify that the animals described on this permit application were received and slaughtered in accordance with the requirements of the State of Wisconsin, Department of Agriculture, Trade and Consumer Protection. | | | | | | | | | | |
| Date animals received: |  | | Number of animals received: |  | | | Date slaughtered: | |  | |
| NAME OF AUTHORIZED AGENT (state meat inspector, federal meat inspector or representative of slaughter facility). | | | | | | | | | | |
|  | | | | | | | | | | |
| SLAUGHTER FACILITY SIGNATURE: | |  | | | TITLE |  | | DATE: | |  |

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. Equal Opportunity Employer