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| DAH-BADC-025 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 |
|  | | |  | | | |  |
| Issued under the provisions of section ATCP 10.29, Wis. Admin. Code and the Swine Brucellosis Uniform Methods and Rules. | | | | | | | |
| VALIDATED BRUCELLOSIS-FREE HERD STATUS FOR SWINE | | | | | | | | | | | | | | | | |
| 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.  This application is used to apply for Validated Brucellosis-Free herd status for swine. Herd validation status is acquired by subjecting all breeding swine over 6 months of age to an incremental complete herd test through testing 25% of breeding swine over 6 months of age every 80-105 days with negative results or by testing 10% of swine over 6 months of age every 25-35 days with negative results. Initial validation requires a complete herd test.  No swine may be tested twice in 1 year to comply with the 25% requirement nor twice in 10 months to comply with the 10% requirement. Validation is good for a maximum of 12 months. Continued testing must be done to maintain validation status.  Completing this form is mandatory for swine herd owners who want to have “Validated brucellosis-free” herd status. Movement of swine or any other act inconsistent with § ATCP 10.29 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 all brucellosis test results must accompany this application. | | | | | | | | | | | | | | | | |
| 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 | | |
| HERD INFORMATION | | | | | | | | | | | | | | | | |
| ADDRESS (if different than above) | | | | | | CITY | | | | | | | STATE | ZIP | | |
| COUNTY | | | | | | LIVESTOCK PREMISES CODE | | | | | | | | | | |
| VALIDATION METHOD | | | | | | | | | | | | | | | | |
| Number of breeding swine in herd | | | | | | | | | | | | | | | | |
| Testing 25% of breeding swine over 6 months of age every 80-105 days | | | | | | | | | | | | | | | | |
| Testing 10% of swine over 6 months of age every 25-35 days | | | | | | | | | | | | | | | | |
| 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: WDATCP – 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 Brucellosis Uniform Methods and Rules | | | | | | | | | | | | | | | | |
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| SIGANTURE OF APPLICANT | | | | | | | DATE OF APPLICATION | | | | | | | | | |
| *An Equal Opportunity Employer* | | | | | | | | | | | | | | | | |