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| DAH-BADC-025 docx (rev 3/2024) | OFFICE USE ONLY |
| DATCPlogo_1in_g | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Animal HealthLockbox 93178Milwaukee, WI 53293-0178Phone 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 |
|       |       |
| SIGANTURE OF APPLICANT  | DATE OF APPLICATION |
| *An Equal Opportunity Employer* |