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COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control

Contact:

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**APPLICATION FOR
APPROVED SUIDAE HERD HEALTH PLAN**

www.FDACS.gov/ai

§ 585.145, Florida Statutes

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

Owner(s) _____

Name of Facility _____

Facility Address _____

City _____ FL Zip Code _____ County _____

Mailing Address (if different from above) _____

City _____ FL Zip Code _____ County _____

Home Phone _____ Work Phone _____ FAX _____

INCLUDE AREA CODE

INCLUDE AREA CODE

INCLUDE AREA CODE

E-mail Address _____

Size *in Acres* _____ GPS Latitude (5 digit decimal) _____ GPS Longitude (5 digit decimal) _____

1. Approximate Inventory

Sows _____ Boars _____ Suckling Pigs _____ Feeder Pigs _____

2. This herd has passed the Commercial/Domestic Swine Herd Risk Assessment as required by the Florida Department of Agriculture and Consumer Services.

3. No swine in the herd has been exposed to known brucellosis or pseudorabies infected swine for the past 150 days.

4. This herd will follow the plan that is required to achieve status as a (CHECK ONE)
 Modified-Monitored/Validated (MV) Herd
 Qualified/Validated (QV) Herd

5. The Modified-Monitored/Validated Herd Health Plan incorporates the following management practices:

a. All breeding swine and a number of 4-6 month old feeder pigs, if present, equal to 20% of the number of breeding animals will be tested once a year.

b. The addition of swine from herds not having Modified-Monitored/Validated or Qualified/.Validated status requires that all additions be isolated and tested negative for brucellosis and pseudorabies on 2 consecutive tests spaced no less than 30 days apart.

6. The Modified-Monitored/Validated Herd is entitled to the following privileges:

a. Feeder pigs will be allowed to be sold at markets in neighboring states.

b. _____

7. The Qualified/Validated Herd Health Plan incorporates the following management practices:

a. All breeding age swine and a number of 4-6 month old feeder pigs, if present, equal to 20% of the number of breeders will be bled initially.

b. Thereafter, 25% of the breeding swine and a number of the 4-6 month old feeder pigs, if present, equal to 20% of the number of breeding animals will be tested every 3 months. No swine will be tested more than once in a year.

c. The addition of swine from herds not having Qualified/Validated status requires that all additions be isolated and tested negative for brucellosis and pseudorabies on 2 consecutive tests spaced no less than 30 days apart.

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8. The Qualified/Validated (QV) Herd is entitled to the following privileges:
- a. Feeder pigs will be allowed to be sold at markets in neighboring states.
 - b. Any swine may be sold interstate provided they meet the requirements of the receiving state and travel with an Official Certificate of Veterinary Inspection (OCVI).
9. All animals will be imported into Florida on an official certificate of veterinary inspection (OCVI), with a permit number issued by the Florida Department of Agriculture and Consumer Services (FDACS) (850-410-0900) prior to movement. Before being imported each animal will test negative for brucellosis and pseudorabies unless coming directly from a Qualified/Validated herd.
10. Every practical effort will be made to keep this herd isolated from swine of unknown disease status.

This Domestic Swine Herd Health Plan is in effect at the time of the signing by the State Veterinarian or his representative and expires on the following June 30. It may be renewed anytime within one month prior to the expiration date. It may be amended anytime there is a mutual consent in writing from all involved parties. It may be rendered null and void in the event that the rules and regulations of FDACS change which will alter the testing requirements or the herd owner/manager fails to abide by the provisions and requirements listed above. The Plan may be rendered null and void at anytime the owner(s) wish(es) to cancel this agreement and the herd will no longer retain Qualified/ Validated or Monitored/Validated status.

This Approved Herd Health Plan Application is in effect at the time of the signing by an FDACS representative and expires twelve (12) months from the date signed. This plan shall be renewed on the anniversary date of each subsequent year. This plan shall be amended anytime there is mutual consent in writing from all involved parties. This plan shall be rendered null and void in the event that the rules and regulations of FDACS change, which would alter the conditions and requirements, previously agreed upon.

I hereby agree to the provisions stipulated in this Approved Herd Health Plan Application and understand that this does not negate any regulatory provision required by other agencies involving their jurisdiction over any animal under my ownership or control.

Owner's Signature _____	Date _____
VMO's Signature _____	Date _____
State Veterinarian's Signature _____	Date _____