NOTICE OF TREATMENT FOR ASIAN TAPEWORM

FISH HEALTH PROGRAM
Box 146500 (801) 538-7046
Salt Lake City UT 84114-6500 Fax: (801) 538-7126
ag.utah.gov

Instructions: Complete this form if the fish to be approved are carriers of the Asian tapeworm or if the water supply leading to the fish to be approved contains hosts infected with the Asian tapeworm (see Pathogen List). Mail or fax the completed form with the Triploidy Verification Report (grass carp only) to above address before fish shipment. Following approval, a copy of the form will be faxed to the owner. The completed form, entry permit, and triploid verification shall accompany fish during shipment.

Owner/Exporter ____________________________________________________________
Address ________________________________________________________________
Phone / fax ______________________________________________________________
Current Utah Fish Health Approval number ________________________________

Buyer/importer ____________________________________________________________
Address ________________________________________________________________
Phone / fax ______________________________________________________________
Estimated date of importation ________________________
Current COR number ______________________________
Destination of fish in Utah ________________________________________________

Veterinarian ______________________________________________________________
Address ________________________________________________________________
Phone / fax ______________________________________________________________
Veterinary license # _____________________________________________________
Species, size / age, and number to be exported into Utah ______________________

Calculated dosage of Droncit (use volume of treatment water and amount of Droncit used) ______________

Fish density at beginning of treatment ________________________
Fish density at end of 72 hour treatment ________________________
Inclusive dates of 72 hour treatment ___________________________

I, the undersigned, representing the owner or exporter, importer, and veterinarian, certify that the fish specified in this document were treated for the Asian tapeworm according to Utah policy (see attached). The same undersigned further certify that following treatment, the fish specified via this document are being reared within or transported to Utah in well water free of hosts and carriers of the Asian tapeworm. The fish specified in this document are not intended for human consumption.

Signature __________________________________ Date _________________________
Owner / Exporter

Signature __________________________________ Date _________________________
Buyer/Importer

Signature __________________________________ Date _________________________
Veterinarian

Signature __________________________________ Date _________________________
Utah Fish Health Program Manager

AG 10/04/05
NOTICE OF TESTING FOR ASIAN TAPEWORM
UTAH DEPARTMENT OF AGRICULTURE AND FOOD

FISH HEALTH PROGRAM
Box 146500
Salt Lake City UT  84114-6500
www.ag.utah.gov

Instructions: Complete this form if the fish to be approved are susceptible hosts of the Asian tapeworm or if the water supply leading to the fish to be approved contains hosts susceptible to or infected with the Asian tapeworm (see pathogen list). If the fish test positive for the Asian tapeworm, then complete the form NOTICE OF TREATMENT FOR ASIAN TAPEWORM. Mail or fax the completed form with the Triploidy Verification Report (grass carp only) to above address before fish shipment. Following approval, a copy of the form will be faxed to the owner. The completed form, entry permit, and triploid verification shall accompany fish during shipment.

Owner/Exporter

Address
Phone / fax
Current Utah Fish Health Approval number

Importer

Address
Phone / fax
Estimated date of importation

Destination of fish in Utah

Species, size / age, and number to be exported into Utah

Date of fish testing (inspection)

Inspector name

Laboratory information

Name
Address
Phone / fax
Lab accession number for this test
Number of fish examined (attach inspection results)

I, the undersigned, representing the owner or exporter, importer, and veterinarian, certify that the fish specified in this document were treated for the Asian tapeworm according to Utah policy (see attached). The same undersigned further certify that following treatment, the fish specified via this document are being reared within or transported to Utah in well water free of hosts and carriers of the Asian tapeworm. The fish specified in this document are not intended for human consumption.

Signature ___________________________ Date ___________________________
Owner / Exporter

Signature ___________________________ Date ___________________________
Importer

Signature ___________________________ Date ___________________________
Veterinarian

Signature ___________________________ Date ___________________________
Utah Fish Health Program Manager

AG 09/30/05