

NOTICE OF TREATMENT FOR ASIAN TAPEWORM
UTAH DEPARTMENT OF AGRICULTURE AND FOOD

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

(801) 538-7046
Fax: (801) 538-7126

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

NOTICE OF TESTING FOR ASIAN TAPEWORM
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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