



## UTAH DEPARTMENT OF AGRICULTURE AND FOOD

Fish Health Program

(801) 538-7046 Information (801) 538-7169 FAX

### FISH HEALTH STATEMENT

**NOTE: A MINIMUM NUMBER OF TEN FISH NEED TO BE EXAMINED FOR EACH SPECIES**

I verify, as an accredited AFS fish pathologist, fish health inspector, or other fish health regulatory official, that the following aquatic animals from:

Source Facility \_\_\_\_\_ Location \_\_\_\_\_  
Destination Facility \_\_\_\_\_ Owner / operator \_\_\_\_\_  
Date of Shipment \_\_\_\_\_ Method of Transport \_\_\_\_\_

Species to be imported \_\_\_\_\_ Lot / raceway \_\_\_\_\_  
Species to be imported \_\_\_\_\_ Lot / raceway \_\_\_\_\_  
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1. Have no evidence of diseases in overt or clinical state.
2. Show no signs of diseases caused by filterable agents including; VHS, IHNV, EHN, IPNV, SVCV, LMBV, or CCV.
3. Show no signs of diseases caused by bacterial agents including *Yersinia ruckeri* (enteric redmouth disease), *Aeromonas salmonicida* (furunculosis disease), or *Edwardsiella ictaluri* (Enteric Septicemia of Catfish).
4. Show no signs of parasitic infections including; *Centrocestus formosanus*, *Ichthyophthirius multifiliis*, *Bulbophorus confusus*, *Heterosporis*, or Proliferative gill disease.

#### Asian Tapeworm

If the fish to be imported are susceptible hosts of the Asian tapeworm or if the water supply leading to the fish to be approved contains hosts susceptible to Asian tapeworm, certify one of the following:

\_\_\_ A I certify that the facility has been inspected for Asian tapeworm, found negative for the parasite and 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.

\_\_\_ B I certify that the fish specified in this document were treated for the Asian tapeworm with the antiparasitic compound \_\_\_\_\_ by (Veterinarian) \_\_\_\_\_ on (Dates) \_\_\_\_\_ and transported to Utah in well water free of hosts and carriers of the Asian tapeworm.

To the best of my knowledge, the fish described above meet Utah importation requirements. No further warranty is made or implied.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

This statement is valid for 30 days beginning with the date of signature, provided the health of the fish in question has not changed. Officials of Utah Department of Agriculture and Food may investigate the health of the fish during the 30 day period, prior to and during importation, and following release at the approved location.