



STATE OF UTAH  
 Utah Department of Agriculture &  
 Food  
 350 North Redwood Road  
 BOX 146500  
 Salt Lake City, UT 84114-6500  
 ag.utah.gov

**FISH HEALTH PROGRAM**  
**DIVISION OF ANIMAL INDUSTRY**

(801) 538-7046  
 Fax: (801) 538-7169

**NON-SALMONID FINFISH**  
**FISH HEALTH APPROVAL APPLICATION**  
**(International Sources)**

The purpose of this form is to determine if testing and disease history information is adequate for the species you propose to ship into Utah. The information will be used to assess the risk to Utah's commercial fish industry and native fishes. Please complete this form and send it to the above address.

**Steps to qualify for importation approval:** Complete and send this form to the above address.

1. Contact a veterinarian in the country where the species to be approved originates. The veterinarian should be a government official who has knowledge of the facility and can prepare a certificate of veterinary inspection. Have the veterinarian prepare an official certificate of veterinary inspection and fax it to Utah Department of Agriculture and Food (UDAF) (801-538-4949). The certificate shall include:
  - (a) Species/ strain of animal to be imported;
  - (b) Weight of shipment;
  - (c) Method of shipment and packaging;
  - (d) Name and location of owner where animals are housed;
  - (e) A statement concerning
    - (1) The presence or absence of diseases or pathogens affecting the species and/or at the facility housing the species to include pathogens known to infect the species at both the source and in the country of origin;
    - (2) Detrimental chemicals, irradiation, etc. at the source;
    - (3) Nuisance plant and animal species in the source waters (*Nuisance Species List* attached);
  - (f) History of inspection and test results for the previous 5 years or a statement of unavailability of the same;
2. Testing: Testing of the aquatic animals cultured or present at the facility and/or species to be approved may be required as part of the approval process. The nature of the testing would depend on the history of diseases at the facility as completed in this application; it would also depend on the species to be approved, and the aquatic animals present or cultured at the facility. If testing is required, UDAF will specify the pathogens and tests needed and recommend a qualified laboratory. If the fish to be approved are susceptible to or endemic to the pathogens in **bold print** in section D of this document, test results may be required before an entry permit is issued. Findings of any pathogen may result in denial of fish health approval. Costs for testing are the responsibility of the applicant.
3. When UDAF receives the certificate of veterinary inspection with the information as requested above and determines it is satisfactory, then UDAF issues an official entry permit by fax or mail to the applicant. Upon your receipt of the entry permit, importation may commence. An entry permit is required for each shipment. Presently there is no charge for this service.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

SPECIES TO BE APPROVED \_\_\_\_\_

A. Do you rear aquatic animals at your facility? Yes \_\_\_ No \_\_\_ Act as a broker? Yes \_\_\_ No \_\_\_  
 B. Have you reared or brokered any species of salmonid (eggs or fish) at your facility within the last five years? Yes \_\_\_ No \_\_\_ If yes, explain and attach inspection reports.

C. Have the species to be approved been reared at any time with or adjacent to salmonids or cyprinids? Yes \_\_\_ No \_\_\_ If yes, explain and indicate species.

D. Are the species to be approved infected with or in waters contaminated with any of the following problem pathogens? (see *Pathogen List* for descriptions) **IHNV, IPNV, VHSV, OMY, PKX, MC, RS, CS, BA, ISA**, CCVD, EHN, ESV, ECV, **SVC**, VER, VNN, PNV, BC, CF, EUS, NS or MG, RSD. Yes \_\_\_ No \_\_\_ If yes, please specify.

E. Is your facility located in an Asian tapeworm endemic area? (*Host List* attached) Yes \_\_\_ No \_\_\_ If yes, are any fish in the waters of your facility susceptible to or infected with the Asian tapeworm? Yes \_\_\_ No \_\_\_ If yes, indicate species infected.

Please attach inspection reports for your facility and for the facilities you receive fish from. If none, indicate. No ٤

F. Species of aquatic vertebrates, plants and crustaceans living in the water source and / or in the water with the species to be approved?

G. Species cultured for the past 5 years in the waters presently containing the species to be approved?

H. Source of water used for the species to be approved: Closed spring \_\_\_ Well \_\_\_ Open spring \_\_\_ containing fish \_\_\_ (indicate species).

Other water source \_\_\_\_\_

I. If grass carp are to be approved, have you attached the triploidy certification? Yes \_\_\_ No \_\_\_

J. Aquatic nuisance species (plants and animals) endemic to your waters (*Nuisance Species List* attached)? If unknown, indicate ف.

K. Origin and transfer history of aquatic animals at your facility (all previous and current growers purchased from, dates received, frequency)?

N. Cause of aquatic animal mortalities at your facility for the previous year (cause, percent and numbers lost, date, source, etc.)?

O. Aquatic animal losses in transit to your facility for the last year (cause, percent and numbers lost, date, etc.)?

P. Are any aquatic animals currently undergoing mortality at your facility? Yes \_\_\_ No \_\_\_ If yes, name stock and diagnosis.

Q. Regional fish pathologist, health inspectors, or other individuals involved with testing aquatic animals imported or reared by you?

- |               |             |             |
|---------------|-------------|-------------|
| 1. Name _____ | Title _____ | Phone _____ |
| 2. Name _____ | Title _____ | Phone _____ |
| 3. Name _____ | Title _____ | Phone _____ |

**Supplemental information** (please specify appropriate paragraph. Attach additional sheets as necessary).

CERTIFICATION

I certify the information submitted in this application is complete and accurate to the best of my knowledge and belief. I understand any false statement herein may result in the denial or revocation of this application. I understand that overt disease need not be present to disqualify.

Signature \_\_\_\_\_ Date \_\_\_\_\_