



635 Capitol St, NE, Salem, OR 97301 503.986.4680 | Oregon.gov/ODA

US Swine Health Improvement Plan

SINGLE PREMISES US SHIP ENROLLMENT FORM - OREGON

Return completed form to 635 Capitol St NE, Salem, OR 97301, or by email to <u>USSHIP@oda.oregon.gov</u>.

Swine Owner Informa	ation		
NAME (BUSINESS ENTITY)		PRIMARY CONTACT NAME	
MAILING ADDRESS			
CITY	STATE	ZIP	
PHONE	EMAIL		
Premises (Site) Infor	mation		
COMMON NAME OF SITE		USDA PREMISES ID	
PHYSICAL STREET ADDRESS			
CITY	STATE	ZIP	
SITE CAPACITY			
SITE TYPE (SELECT ONE)			
	with mature boars	that distribute semen to other production sites.	
		females and house ≥ 1,000 breeding females (breed-to-	
wean, breeding/gestation or	farrowing only, wi	th or without on-site gilt isolation/grow-out).	
☐ Growing Pigs – Production s	ite with \geq 1,000 fe	eder swine (nursery, grower, or finisher).	
□ Farrow to Feeder/Finish - P	roduction site with	n breeding females and grow feeder swine for purposes	
other than breeding; stock re	eplacement for this	s particular farm site, and house \geq 1,000 breeder or feeder.	
· ·		d < 1,000 total breeder or feeder swine.	
		pigs (exhibition, niche, hobby).	
☐ Packing Plant - A facility that	at slaughters pigs.		

Premises (Site) Owner Information

- if different, please complete	• • • • • • • • • • • • • • • • • • • •			
NAME (BUSINESS ENTITY)		PRIMARY CONTACT NAME		
MAILING ADDRESS				
CITY	STATE		ZIP	
PHONE	EMAIL	EMAIL		
good-faith efforts to be compl held.	ogram participant's undiant with the requireme	derstanding of the ents for the require	g & Compliance relevant program standards and ements of the US SHIP certification(s) olve over time. It is the responsibility	
of the program participants to maintain.	meet or exceed the re	quirements for the	e US SHIP certifications they elect to	
SIGNATURE OF INDIVIDUAL SU	BMITTING ACKNOWL	EDGEMENT	DATE	