

| | | |
|---|---|----------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES (USDA APHIS VS) | AQUACULTURE FACILITY EXPORT REGISTRATION FORM <input type="checkbox"/> Initial Registration <input type="checkbox"/> Annual Re-registration | REGISTRATION NUMBER: |
|---|---|----------------------|

PERSONNEL CONTACT INFORMATION

NAME OF AQUACULTURE FACILITY: _____

| | | | |
|-----------------------------|-------|--------------------|------|
| ADDRESS OF FACILITY: | CITY: | STATE: | ZIP: |
| GPS COORDINATES, (if known) | | WEBSITE OR E-MAIL: | |
| CONTACT PERSON AT FACILITY: | | POSITION: | |
| PHONE: | FAX: | E-MAIL: | |

DOES FACILITY MAINTAIN A VALID VETERINARY-CLIENT-PATIENT RELATIONSHIP YES NO

NAME OF APHIS-ACCREDITED VETERINARIAN: _____

| | |
|--------|--------------------------|
| PHONE: | E-MAIL FOR VETERINARIAN: |
|--------|--------------------------|

FACILITY INFORMATION

TYPE OF FACILITY: Flow-through Recirculation Fresh water Salt water

WATER SOURCE: Protected spring, well or bore hole Surface water

Other _____

SPECIES OF AQUATIC ANIMALS CULTURED: _____

ARE RECORDS MAINTAINED FOR REVIEW BY THE ACCREDITED VETERINARIAN AND APHIS, VS? YES NO

DOES INFORMATION INCLUDE:

| | | | |
|---|--|---------------------------|--|
| LOT IDENTIFICATIONS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | ANIMAL SOURCES/SUPPLIERS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| MOVEMENT HISTORY ON AND OFF FACILITY, INCLUDING TRANSFER PERMITS IF APPLICABLE? | <input type="checkbox"/> YES <input type="checkbox"/> NO | LIFESTAGES? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HEALTH STATUS, INCLUDING LABORATORY TESTING RECORDS? | <input type="checkbox"/> YES <input type="checkbox"/> NO | MORTALITY RECORDS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| OTHER PHYSICAL INFORMATION <i>(numbers in lots, size, weight, etc.)?</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO | BIOSECURITY PROTOCOLS? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

FOR OFFICIAL USE ONLY

| | |
|--|----------------------------|
| APHIS VS REVIEW PERFORMED BY (print) | DATE OF ON-SITE INSPECTION |
| FACILITY APPROVED FOR USDA APHIS VS REGISTRATION: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SIGNATURE: | DATE: |