

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

INFECTIOUS SALMON ANEMIA PROGRAM ENROLLMENT FORM

In order to assist in the control of Infectious Salmon Anemia and to qualify for federal indemnity, we, _____, agree to participate fully in the United States Department of Agriculture and Maine Department of Marine Resources' Infectious Salmon Anemia Program. We specifically agree to the following:

ITEM 1: Establish and maintain a veterinary client-patient relationship with an APHIS accredited veterinarian. Companies are to inform the ISA Program Veterinarian in writing of the name of their accredited veterinarian retained for veterinary services at the time of program sign up and within 15 days if there is a change.

ITEM 2: Cooperate with and assist in on-site disease surveillance, testing, and reporting activities for ISA, which will be conducted by their APHIS accredited veterinarian or State or Federal as directed by the ISA Program Veterinarian.

ITEM 3: Develop and implement biosecurity protocols for use at all company leased finfish sites and company vessels engaged in aquaculture operations. A copy of the company's biosecurity protocols shall be submitted to the ISA Program Veterinarian at the time of program sign up and within 15 days of changes to the protocols are made.

ITEM 4: Develop, with the involvement of the company's APHIS accredited veterinarian and the fish site health manager, a site specific ISA Action Plan for the prevention, control, and management of ISA. A copy of the action plan shall be submitted to APHIS for review.

ITEM 5: Participate in the State of Maine's integrated pest management of sea lice on salmonids. A copy of the integrated pest management plan shall be submitted in writing to the ISA Program Veterinarian at the time of program sign up and within 15 days if changes to the plan are made.

ITEM 6: Submit to the ISA Program Veterinarian complete and current fish inventory information for all company leased finfish sites with site and cage identifiers. Fish inventory information must include the numbers, age, date of saltwater transfer, vaccination status, and previous therapeutant history for all fish in each leased finfish site.

ITEM 7: Maintain and make available upon request of the ISA Program Veterinarian mortality data for each leased finfish site and pen in production.

ITEM 8: Cooperated and assist APHIS in the completion of biosecurity audits at leased finfish sites and company vessels involved in salmonid aquaculture.

Representative of APHIS - VS (<i>Signature</i>)	Date:	Owner (<i>Signature</i>)	Date:
		Address	