FORM APPROVED OMB NO. 0579-0007, 0579-0305	See reverse s	side for additional infor	mation	REPORT N	ю. L		
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN		SUBPART: B - Egg Type Chickens C - Meat Type Chickens D - Turkeys			Saln	Salmonella enteritidis Clean Salmomella Monitored M.G. Monitored	
FLOCK SELECTING AND TESTING REPORT		E - Waterfowl, Exhibition Poultry and Game Birds F - Ostrich Other	n M. Synoviae Clean		M.S. Monitored Avian Influenza Clean H5/H7 Avian Influenza Monitored Other		Multiplier Monitored
1. Name and Address of Flockowner (Include 2	ip Code)						
2. Location of Flock			3. Date of Preceding Test - This Location				
4. Supply Flock for: (Name and address of hatc	Approva			Approval Num	ıl Number		
5. Breed, Variety, Strain or Trade Name of Stock				Age of Birds Code Ide		Code Identifica	ation
6. Males (Source and Number)	Date of Hatch	7. Females (Source	e and Number)	Date	of Hatch	8. Total Birds	in Flock
Blood Testing a. Number of M Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sei Laboratory		f. Laboratory Findings	
9. PULLORUM TYPHOID							
10. M. GALLISEPTICUM							
11. M. SYNOVIAE							
12. OTHER (specify)							
AGREEMENT OF FLOCKOWNER			Signature of Inspector or authorized agent				Date
I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the Official State Agency. I further agree to flock inspection by a representative of the Official State			Signature of Flockowner				Date
Agency. I turtner agree to flock inspection if Agency as prescribed by the provisions and r		i the Official State	g				Date

VS FORM 9-2 (JUL 2005)

Previous edition may be used.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN

FLOCK SELECTING AND TESTING REPORT

REPORT NOS. FROM	 то	

VS FORM 9-2 (JULY 2005) Previous edition may be used.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0007. The time required to complete this information collection is estimated to average .116 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

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COPY 4 - FLOCK OWNER/GROWER'S COPY