

This report is required by regulation (9 CFR 145). Failure to report can result in non-classification of poultry and poultry products under the NPIP.

FORM APPROVED  
OMB NO. 0579-0007

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

## FLOCK SELECTING AND TESTING REPORT

REPORT NOS. FROM \_\_\_\_\_ TO \_\_\_\_\_

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

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**FLOCK SELECTING AND  
TESTING REPORT**

**SUBPART:**

- B - Egg Type Chickens
- C - Meat Type Chickens
- D - Turkeys
- E - Waterfowl, Exhibition Poultry and Game Birds
- F - Ostrich
- Other

**CLASSIFICATION - U.S.**

- Pullorum - Typhoid Clean
- M. Gallisepticum Clean
- M. Synoviae Clean
- Sanitation Monitored
- M. meleagris Clean

**TYPE**

- Salmonella enteritidis Clean
- Salmonella Monitored
- M.G. Monitored
- M.S. Monitored
- Avian Influenza Clean
- H5/H7 Avian Influenza Monitored
- Other

Primary

Multiplier

1. Name and Address of Flockowner (Include Zip Code)

2. Location of Flock

3. Date of Preceding Test - This Location

4. Supply Flock for: (Name and address of hatchery or dealer - include Zip Code)

Approval Number

5. Breed, Variety, Strain or Trade Name of Stock

Age of Birds

Code Identification

6. Males (Source and Number)

7. Females (Source and Number)

8. Total Birds in Flock

Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory	f. Laboratory Findings
9. PULLORUM TYPHOID						
10. M. GALLISEPTICUM						
11. M. SYNOVIAE						
12. OTHER (specify)						

**AGREEMENT OF FLOCKOWNER**

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 Agency as prescribed by the provisions and regulations.

Signature of Inspector or authorized agent

Date

Signature of Flockowner

Date

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 .16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.