

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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ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
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**FLOCK SELECTING AND TESTING REPORT**

**CLASSIFICATION - U.S.**  
 Pullorum - Typhoid Clean  
 M. Gallisepticum Clean  
 M. Synoviae Clean  
 Sanitation Monitored  
 M. meleagridis Clean

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

**TYPE**

Primary  
 Multiplier

**SUBPART:**

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

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

Code Identification

6. Males (Source and Number)

Age of Birds

Date of Hatch

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

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PART 1 - OFFICIAL STATE AGENCY COPY

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