

**MONTHLY TURKEY HATCHERY REPORT
May 2009**



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Your response to this survey is **voluntary** and not required by law. Your cooperation is important to insure reliable turkey estimates. Knowing the available number of turkey poults should help you with production and marketing decisions. Individual reports are kept **confidential**.

Please fax or return your completed questionnaire in the postage paid envelope provided.

Please make corrections to name, address and ZIP Code, if necessary.

PLEASE REPORT "0" IF ANSWER IS "NONE"

	ALL BREEDS NUMBER
1. How many turkey eggs were in your incubators on June 1 ? (Include breeding flock replacements and custom set for others.)	
2. How many poults were hatched in your incubators during May ? (Include breeding flock replacements and custom hatch for others.)	
3. Of the poults hatched in May , how many were: (Include breeding flock replacements and custom hatch for others.)	
a. placed for commercial meat production?	
b. placed for breeder flock replacements (hens and toms)?	
c. other disposition (destroyed, died, graded out, etc.)?	
d. Total (items 3a + 3b + 3c). (Total should equal item 2.)	

4. Poults RECEIVED during **May** from all States and countries: (Include custom hatch done for you.)

NAME OF OPERATION	LOCATION (STATE or COUNTRY)	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

5. Of the total poults placed (items 3a, 3b and 4) during **May**, how many were:

a. placed within Arkansas ?	
b. shipped out of Arkansas to other states or exported to other countries (specify)?	

NAME OF OPERATION	LOCATION (STATE or COUNTRY)	
_____	_____	
_____	_____	
_____	_____	

Dollars and Cents

6. What was the average cash price received per poult?.....

\$ ____ . ____ ____

7. Would you like to receive a free copy of the results of this survey in the mail?
(The survey results will also be available on the Internet at <http://www.nass.usda.gov>)

Yes = 1.

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Respondent Name: _____ Phone: (____) _____

9910 MM DD YY
Date: ____ - ____ - ____

Comments: (Use reverse side if necessary)

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