This report is requested by certain States for the interstate shipment of poultry
products. Failure to report may result in non-acceptance of shipment.

See reverse side for OMB information

OMB Approved 0579-0007

REPORT NUMBER

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

1. DATE OF SHIPMENT

## REPORT OF SALES OF HATCHING EGGS, CHICKS, AND POULTS

2. NAME, PHYSICAL ADDRESS, AND PHONE NUMBER OF PURCHASER

3. NAME, PHYSICAL ADDRESS, AND PHONE NUMBER OF PRODUCER OR SHIPPER



NATIONAL POULTRY IMPROVEMENT PLAN

	6. PRODUCT					6. PRODUCT					6. PRODUCT					6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT					7.SE	х		8.1	B.TYPE (INTENDED USE)						9. CLASSIFICATION – U.S.										
4. QUANTITY	5. VARIETY, STRAINS, OR TRADE		STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	söö					5			Pr	omme ial oduc n Stocł	tio	Multiplier Breeding Stock			Primary Breeding Stock		ticium	ticum	ge ge	idis Clean	is			enza					OTH (Spo	IER ecify)																													
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10. REMARKS (Services performed on products in shipment, e.g., vaccination, beak trimming, dubbing, etc., but not necessarily certified by State Inspector.)

This is to certify that the above name producer or shipper is participating in the National Poultry Improvement Plan	11. SIGNATURE OF STATE INSPECTOR	12. DATE
is participating in the National Poulity improvement Plan		

VS FORM 9-3 DEC 2011 (Previous editions are obsolete.)

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 .25 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.

VS FORM 9-3 (Reverse)

This report is requested by certain States for the interstate shipment of poultry
products. Failure to report may result in non-acceptance of shipment.

See reverse side for OMB information

OMB Approved 0579-0007

REPORT NUMBER

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

1. DATE OF SHIPMENT

## REPORT OF SALES OF HATCHING EGGS, CHICKS, AND POULTS

2. NAME, PHYSICAL ADDRESS, AND PHONE NUMBER OF PURCHASER

3. NAME, PHYSICAL ADDRESS, AND PHONE NUMBER OF PRODUCER OR SHIPPER



NATIONAL POULTRY IMPROVEMENT PLAN

	6. PRODUCT				6. PRODUCT					6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT				6. PRODUCT					7.SE	х		8.1	YP	PE (INTENDED USE)					9. CLASSIFICATION – U.S.									
4. QUANTITY	5. VARIETY, STRAINS, OR TRADE	STRAINS	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	STRAINS,	566					5			Pr	omme ial oduc n Stock	tio	Multiplier Breeding Stock			Primary Breeding Stock			ticum	e	idis Clean	is			enza					OTH (Spe	IER ecify)																								
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10. REMARKS (Services performed on products in shipment, e.g., vaccination, beak trimming, dubbing, etc., but not necessarily certified by State Inspector.)

This is to certify that the above name producer or shipper is participating in the National Poultry Improvement Plan	11. SIGNATURE OF STATE INSPECTOR	12. DATE
This is to certify that the description and classification of the products listed above are properly indicated.	13. SIGNATURE OF STATE INSPECTOR	14. DATE

VS FORM 9-3 DEC 2011 (Previous editions are obsolete.)

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

## INSTRUCTIONS FOR USE OF VS FORM 9-3 REPORT OF SALES OF HATCHING EGGS, CHICKS, AND POULTS

This form is designed to cover certain sales made by National Plan hatcheries, dealers, and independent flock owners. Some States require this form to be used for some or all shipments coming into the State. Some foreign countries and/or importing purchasers may require this form.

This form will only be furnished to participants in the National Poultry Improvement Plan.

Items 1 through 10 of the report should be completed by the producer or shipper. The first (*white*) and last (*yellow*) copies should be removed for distribution indicated and the two remaining copies should be sent promptly to the producer or shipper's Official State Agency for verification of checked classifications and counter signature and proper distribution.

Item No.

1-3. - Self Explanatory.

- 4. Indicated number (not cases, boxes, or dozens) of each kind of product.
- 5. Use a separate line to identify each product by variety, strain, or trade name.
- 6. Product describe each product by inserting an X in one of the 5 columns.
- 7. Sex Insert an X in one of the 3 columns, except for eggs.
- 8. Type-Insert an X in one of the 3 columns as follows:

Commercial Production Stock-Products (eggs or baby poultry) not intended to be used for breeding purposes.

Multiplier Breeding Stock-Breeding stock whose progeny will be used for commercial egg or meat production or exhibition purposes and not intended for further reproduction.

Primary Breeding Stock-Breeding stock whose progeny will be used for further reproduction.

9. - Classification – Enter an X in the column for each NPIP classification for which the product is qualified.

10. - Self Explanatory.

11-12. - Signature of State Inspector and Date – May be signed prior to form being sent to participant.

13-14. - Signature of State Inspector and Date – Should not be signed until classifications checked by participant are verified by State Inspector .

VS FORM 9-3 DEC 2011 Form Copy Designation

- PART 1 To Accompany Shipment
- PART 2 Foreign Purchaser's Copy or Domestic Purchaser's Official State Agency Copy (after items 13 and 14 are completed)
- PART 3 Shipper's Official State Agency Copy

PART 4 - Shipper's Copy