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FORM APPROVED OMB NO. 0579-0007, 0579-0305	See reverse side for additional information
REPORT NO. N	

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN <h3 style="text-align: center;">FLOCK SELECTING AND TESTING REPORT</h3>	SUBPART: <input type="checkbox"/> B - Egg Type Chickens <input type="checkbox"/> C - Meat Type Chickens <input type="checkbox"/> D - Turkeys <input type="checkbox"/> E - Waterfowl, Exhibition Poultry and Game Birds <input type="checkbox"/> F - Ostrich <input type="checkbox"/> Other	CLASSIFICATION - U.S. <input type="checkbox"/> Pullorum - Typhoid Clean <input type="checkbox"/> M. Gallisepticum Clean <input type="checkbox"/> M. Synoviae Clean <input type="checkbox"/> Sanitation Monitored <input type="checkbox"/> M. meleagridis Clean	<input type="checkbox"/> Salmonella enteritidis Clean <input type="checkbox"/> Salmomella Monitored <input type="checkbox"/> M.G. Monitored <input type="checkbox"/> M.S. Monitored <input type="checkbox"/> Avian Influenza Clean <input type="checkbox"/> H5/H7 Avian Influenza Monitored <input type="checkbox"/> Other	TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Multiplier
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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)

Date of Hatch

7. Females (Source and Number)

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 Signature of Flockowner	Date Date
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