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| **OMB Approved** 0579-0007 and XXXX See reverse side for additional information. | **Report No. O** |
| **United States Department of Agriculture****Animal and Plant Health Inspection Service****National Poultry Improvement Plan****Flock Selecting and Testing Report** | **SUBPART**[ ]  B - Egg Type Chickens[ ]  C - Meat Type Chickens[ ]  D - Turkeys[ ]  E - Waterfowl, Exhibition Poultry, Backyard Birds, and Game Birds[ ]  F - Ostrich[ ]  Other | **CLASSIFICATION - U. S.**[ ]  Pullorum - Typhoid Clean[ ]  M. Gallisepticum Clean[ ]  M. Synoviae Clean[ ]  Sanitation Monitored[ ]  M. Meleagridis Clean[ ]  Salmonella Enteritidis Clean | [ ]  Salmonella Monitored[ ]  M.G. Monitored[ ]  M.S. Monitored[ ]  Avian Influenza Clean[ ]  H5/H7 Avian Influenza Clean[ ]  H5/H7 Avian Influenza Monitored[ ]  Other | **TYPE**[ ]  Primary[ ]  Multiplier |
| **1. Name and Address of Flock Owner** (*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*) | **NPIP 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. AVIAN INFLUENZA** |  |  |  |  |  |  |
| **13. OTHER** *(Specify)* |  |  |  |  |  |  |
| **AGREEMENT OF FLOCK OWNER****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 Flock Owner** | **Date** |

VS FORM 9-2 (JUL 2013) Previous edition may be used.

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 and 0579-XXXX. The time required to complete this information collection is estimated to average .16 – 4 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.

**This report is required by regulation (9 CFR 145). Failure to report can result in OMB Approved**

**non-classification of poultry and poultry products under the NPIP. 0579-0007 and XXXX**

**United States Department of Agriculture**

**Animal and Plant Health Inspection Service**

**National Poultry Improvement Plan**

**Flock Selecting and Testing Report**

**Report NUMBERS From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VS Form 9-2 (JUL 2013) Previous edition may be used.**