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| **OMB Approved** 0579-0007 and 0579-0445 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 numbers for this information collection are

0579-0007 and 0579-0445. 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 0579-0445**

**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.**