OMB Approved 0579-0007 a	and 0579-0445	See reverse side for	or additional informat	tion. REPORT N	o. <b>O</b>				
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN		RVICE B - Egi	g Type Chickens at Type Chickens	CLASSIFICATION - U. S.			Salmonella Monitored M.G. Monitored M.S. Monitored		TYPE  □ Primary
FLOCK SELECTING AND TESTING REPORT		Poultry	terfowl, Exhibition , Backyard Birds, ame Birds trich	☐ M. Synoviae Clean ☐ Sanitation Monitored ☐ M. Meleagridis Clean ☐		□ H:	□ Avian Influenza Clean □ H5/H7 Avian Influenza Clean □ H5/H7 Avian Influenza Monitored □ Other		☐ Multiplier
1. Name and Address of Flo	ock Owner (Include								
2. Location of Flock 3. Date of Preceding Test								This Location	
4. Supply Flock for: (Name	and Address of Hato	chery or Dealer – inc	lude ZIP Code)				NPIP Ap	pproval 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 Ha		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	-	mber Sent f. Laborato		f. Laboratory Find	lings
9. PULLORUM TYPHOID									
10. M. GALLISEPTICUM									
11. M. SYNOVIAE									
12. AVIAN INFLUENZA									
13. OTHER (Specify)									
AGREEMENT OF FLOCK OWNER				Signature of Inspector or Authorized Agent					Date
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 Flock Owner				Date	

VS FORM 9-2 (JUL 2013)

Previous edition may be use

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 c $0579-0007$ and $0579-0445$ . The time required to complete this information collection is estimated to average $.16-4$ hours per for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reinformation.	response, including the time
This report is required by regulation (9 CFR 145). Failure to report can result in non-classification of poultry and poultry products under the NPIP.	OMB Approved 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	TC	)	

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