

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN  <b>FLOCK SELECTING AND TESTING REPORT</b>	<b>SUBPART</b> <input type="checkbox"/> B or G - Egg Type Chickens <input type="checkbox"/> C or H - Meat Type Chickens <input type="checkbox"/> D - Turkeys <input type="checkbox"/> E - Hobbyist/Exhibition Poultry, Raised for Release Waterfowl, Backyard Birds <input type="checkbox"/> F - Ostrich, Emu, Rhea, Cassowary <input type="checkbox"/> I - Meat Type Waterfowl <input type="checkbox"/> J - Egg/Meat Type Game Birds, Raised for Release Game Birds <input type="checkbox"/> Other	<b>CLASSIFICATION - U.S.</b> <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"/> M.G. Monitored <input type="checkbox"/> M.S. Monitored <input type="checkbox"/> Salmonella Enteritidis Clean <input type="checkbox"/> Salmonella Enteritidis Monitored <input type="checkbox"/> Salmonella Monitored <input type="checkbox"/> Avian Influenza Clean <input type="checkbox"/> H5/H7 Avian Influenza Clean <input type="checkbox"/> H5/H7 Avian Influenza Monitored <input type="checkbox"/> Newcastle Disease Virus Clean <input type="checkbox"/> Other	<b>TYPE</b>  <input type="checkbox"/> Primary  <input type="checkbox"/> 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. NEWCASTLE DISEASE						
14. OTHER (specify)						

<b>AGREEMENT OF FLOCK OWNER</b> 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

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 XXXX. The time required to complete this information collection is estimated to average .16 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 non-classification of poultry and poultry products under the NPIP.

OMB Approved  
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 (MAR 2019)

Previous edition may be used.