OMB Approved 0579-0007 and 0	0474 See r	everse side for addition	onal information.	REPOR	TNO. S	00000				
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN FLOCK SELECTING AND TESTING REPORT		□ D - Turkeys □ E - Hobbyist/Exhibition Poultry, Raised for Release Waterfowl, Backyard Birds □ F - Ostrich, Emu, Rhea, Cassowary □ I - Meat Type Waterfowl □ J - Egg/Meat Type Game Birds, Raised for Release Game Birds			CLASSIFICATION - U.S. Pullorum - Typhoid Clean M. Gallisepticum Clean M. Synoviae Clean Sanitation Monitored M. Meleagridis Clean M.G. Monitored M.S. Monitored		□ Salmonella Enteritidis Clean □ Salmonella Enteritidis Monitored □ Salmonella Monitored □ Avian Influenza Clean □ H5/H7 Avian Influenza Clean □ H5/H7 Avian Influenza Monitored □ Newcastle Disease Virus Clean □ Other		TYPE ☐ Primary ☐ Multiplie	
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) NPI						NPIP Appro	NPIP Approval Number			
5. Breed, Variety, Strain, or Trade Name of Stock						Age of Birds		Code Identification		
6. Males (Source and Number)	Males (Source and Number)		7. Females (So	ource and Nu	mber)	Date o	Date of Hatch 8.		8. Total Birds in Flock	
Blood Testing	a. Number of Males Tested	b. Number of Females Tested			lumber of eactors	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)										
AGREEMENT OF FLOCK OWNER I agree to keep my poultry breeding stock segregated from other poultry and in				Signature of Inspector or Authorized Agent Date			Date			
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				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 0579-0474. 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	то	
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VS Form 9-2 (MAR 2019)

Previous edition may be used.