OMB Approved 0579-0007 | See reverse side for additional information. | **REPORT NO.** S 000000

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL POULTRY IMPROVEMENT PLAN

FLOCK SELECTING AND TESTING REPORT

SUBPART
- ☐ B or G - Egg Type Chickens
- ☐ C or H - Meat Type Chickens
- ☐ 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
- ☐ Other

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
- ☐ 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)*						

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**

PART 1 - OFFICIAL STATE AGENCY COPY

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

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FLOCK SELECTING AND TESTING REPORT

REPORT NUMBERS FROM _____ **TO** _____