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| AH-PO-2740.docx rev. 06/2020 | | | |  | | | | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture,  Trade and Consumer Protection  Division of Animal Health  2811 Agriculture Drive, PO Box 8911  Madison, WI 53708-8911  Phone: (608) 224-4872 Fax: (608) 224-4871 | | | | | NPIP PARTICIPANT NAME: FIRST | | | | | FLOCK OWNER NAME: LAST | | | | | LEGAL ENTITY: | | | |
| STREET ADDRESS | | | | | | | CITY | | | | | STATE | ZIP |
| PREMISES CODE: | | | | | | | | NPIP NUMBER: | | | | | |
| Wisconsin VS Form 9-3 Intrastate Sale of Poultry/Eggs | | | | | | | | | | | | | s. ATCP 10.40 (7), Wis. Adm. Code | | | | | | |
| The above named flock owner is participating in the National Poultry Improvement Plan and the description of the products listed below are properly indicated. All birds and eggs are produced from U.S. APPROVED PULLORUM-TYPHOID clean flocks. Seller must provide a copy of their NPIP certificate to purchaser.  Submit form within 10 days of sale to: WDATCP, Division of Animal Health, PO Box 8911, Madison, WI 53708-8911 | | | | | | | | | | | | | | | | | | | |
| PURCHASER NAME | | | PURCHASER ADDRESS: Street, City, State, Zip | | | | | | SALE DATE | # OF BIRDS | | # OF EGGS | | | INVOICE # | | TYPE OF BIRD/BIRD CODE | | |
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| SIGNATURE OF SELLER | |  | | | | | | | | | | | | | | | | | |

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04 (1) (m) Wis. Stats.). An Equal Opportunity Employer