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| AH-PO-2720.docx rev. 06/2020f | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Animal Health, Bureau of Animal Disease Control  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4872 Fax: (608) 224-4871 | |
| Wisconsin Tested Flock Form | | s. ATCP 10.40 (2), Wis. Adm. Code |
| Wisconsin Tested Flock: The owner of a flock of poultry or farm-raised game birds may use the Wisconsin Tested Flock Form to have their flock of sexually mature birds tested for exhibition at fairs or poultry shows. (See s. ATCP 10.40 (1) (c) and (2), Wis. Adm. Code)  The owner of a flock of poultry or farm-raised game birds must have all sexually mature birds in the flock appropriately tested by an authorized tester.  Testing requirements for poultry and farm-raised game birds other than turkeys: All sexually mature birds must be tested by an authorized tester for Salmonella pullorum-typhoid. All poultry, except turkeys, are considered sexually mature at four months of age.  Testing requirements for turkeys: All sexually mature turkeys must be tested for Salmonella pullorum-typhoid and Mycoplasma gallisepticum. Turkeys are considered sexually mature at six months of age. Blood samples drawn by an authorized tester must be tested at the Wisconsin Veterinary Diagnostic Laboratory, Barron, WI.  Instructions on completing this form  Flock Owner Information  If you are doing business as a sole proprietor or a married couple, enter the name(s) of the individual(s) under the flock owner’s information. If you have formally formed the business into a Partnership, Corporation, Limited Liability Company (LLC), Limited Liability Partnership (LLP), Trust, Cooperative or other legally constituted entity, enter the complete name of that legal entity under the flock owner’s information.  Identify a primary contact for the flock.  List the mailing address of the flock owner.  Flock Information  List the address and county where the flock is physically kept and the livestock premises code for that location. All premises that house livestock (including poultry and farm-raised game birds) are required to have a premises code as of January 1, 2006. Registration is free. If you do not have a livestock premises code, contact WLIC at 888-808-1910 to obtain one or register online at www.wiid.org and list it on this form. List the date that the poultry were tested.  Number of sexually mature poultry tested, by type  Under “Number Tested” for poultry and farm-raised game birds other than turkeys, record the number of birds of a similar species being tested.  For turkeys, record the individual bird identification. The authorized tester must draw a blood sample from the turkey and submit the serum to the Wisconsin Veterinary Diagnostic Laboratory in Barron, WI. The Wisconsin Veterinary Diagnostic Laboratory in Barron will complete the test results portion of the form.  Complete all requested information and testing results.  Total number of birds in the flock  Record the total number of male and female birds in the flock, regardless of age.  Tester Information  The authorized tester must complete the form with current information, including test date, then sign and date.  What to do with this form:   * This completed form must accompany birds and eggs for exhibition at fairs or poultry shows. * This completed form is valid one year from the date that tests were conducted. * Retain a copy of this form for your records.   Record all sales of birds on the Wisconsin Intrastate Sale of Poultry (form # AH-PO-2740). Provide a copy of the Wisconsin Tested Flock Form to all purchasers. | | |

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| Wisconsin Tested Flock Form | | | | | | s. ATCP 10.40 (2), Wis. Adm. Code | | | |
| This form is valid one year from the date that tests were conducted. | | | | | | | | | |
| FLOCK OWNER INFORMATION: (Individual or other legal entity – See instructions) | | | | | | | | | |
| LEGAL NAME OF APPLICANT: LAST | | FIRST | OR | | NAME OF LEGAL ENTITY | | | | |
| PRIMARY CONTACT FOR FLOCK: | | | | | | | CONTACT PHONE:  (     )     - | | |
| FLOCK OWNER MAILING ADDRESS **STREET** | | | | CITY | | | | STATE | ZIP |
| I understand that all sales must be recorded on a Wisconsin Intrastate Sale of Poultry/Eggs (form #AH-PO-2740) and be retained for at least 3 years.  Provide a copy of this Wisconsin Tested Flock Form to the purchaser | | | | | | | | | |
| FLOCK OWNER’S SIGNATURE: | | | TITLE: (if applicable) | | | | | | |

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| FLOCK INFORMATION: | | | | | |
| ADDRESS OF PREMISES WHERE FLOCK IS KEPT :**STREET** | | CITY | | STATE | ZIP |
| LIVESTOCK PREMISES CODE | COUNTY | | TEST DATE | | |

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| LIST THE FOLLOWING INFORMATION FOR EACH BIRD TESTED: | | | | | | | | |
| Number Tested | Breed/Strain | | Color/Variety | | TEST RESULTS | | | |
| S. Pullorum-typhoid | | M. Gallisepticum (WVDL results – turkeys) | |
| POS | NEG | POS | NEG |
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| Total number of birds in the flock: | | M: | | F: | | | | |

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| TESTER INFORMATION: | | | | | | |
| TESTER NAME: | TESTER NUMBER: | | ANTIGEN LOT #: | ANTIGEN EXPIRATION DATE: | | |
| TESTER ADDRESS :**STREET** | | CITY | | | STATE | ZIP |

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| TESTER SIGNATURE: | |
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| TESTER SIGNATURE | DATE |

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.).

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