



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 Individual Poultry Test Report

(s. ATCP 10.40 (1) (d), Wis. Adm. Code)

(For use in testing individual birds for *Salmonella pullorum-typhoid* and, in the case of turkeys, *Mycoplasma gallisepticum* for exhibition at a fair or poultry show.) Use this form for testing birds from flocks **not** in any of the following programs: Wisconsin Tested Flock, Wisconsin Associate Flock, NPIP, NPIP affiliate.

All sexually mature poultry or farm-raised game birds being tested individually for exhibition at a fair or poultry show, must be individually identified. This individual test must be conducted within 90 days before arrival at the fair or poultry show. A bird may only change ownership one time on a 90 day test.

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.

List the following information for each bird tested

Birds must be individually identified with a **numbered wing band or leg band**. Record the identification number, the bird's species, color/variety, and sex, along with the appropriate test results for that individual bird.

For turkeys, the authorized tester must draw a blood sample 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.

Tester Information

The authorized tester must complete the form with current information including test date, then sign and date. The test is valid for 90 days.

What to do with this form:

- This completed form must accompany birds for exhibition at fairs or poultry shows.
- This completed form is valid 90 days from the date that tests were conducted and for one change of ownership.
- 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 Individual Poultry Test Report to all purchasers.



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 Individual Poultry Test Report

(s. ATCP 10.40 (1) (d), Wis. Adm. Code)

(For use in testing individual birds for *Salmonella pullorum-typhoid* and, in the case of turkeys, *Mycoplasma gallisepticum* for exhibition at a fair or poultry show.) Use this form for testing birds from flocks **not** in any of the following programs: Wisconsin Tested Flock, Wisconsin Associate Flock, NPIP, NPIP affiliate.

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 Poultry Individual Test Report to the purchaser			
FLOCK OWNER'S SIGNATURE:		TITLE: (if applicable)	

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

LIST THE FOLLOWING INFORMATION FOR EACH BIRD TESTED:							
Individual Identification Number	Breed/Strain	Color/Variety	SEX	TEST RESULTS			
				S. Pullorum-typhoid		M. Gallisepticum (WVDL results – turkeys)	
				POS	NEG	POS	NEG
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

TESTER SIGNATURE:

SIGNATURE _____ DATE _____