

Community Sale Requirements for Poultry and Ratites

Poultry means Chickens, Turkeys, Waterfowl, and Game Birds

Identification

- All poultry and ratites, except baby poultry, must be individually identified with a leg or wing band with a number on the band. The band may also include other letters such as names/initials.
- Young poultry that are too small to band can be sold as a group if the Hatchery Permit number or National Poultry Improvement Plan (NPPI) number is written on the cage, box or enclosure.



Poultry Disease Requirements

- All hatching eggs, poultry and ratites must originate from a hatchery or breeding flock that is NPPI Pullorum-Typhoid (PT) Clean or be negative to a pullorum-typhoid test within 30 days prior to the sale.
- All poultry must be accompanied by a certificate or test chart that shows compliance with these requirements. Examples include: pullorum-typhoid test report (Rapid Whole Blood Test Reporting Form or Laboratory Report), Hatchery Permit Card, NPPI VS FORM 9-2, and NPPI VS FORM 9-3*
 - The band number on the bird must match the test chart if a test chart is used.

Rapid Whole Blood Test Reporting Form		MINNESOTA BOARD OF ANIMAL HEALTH Minnesota Poultry Testing Laboratory		FOR OFFICE USE ONLY PREM ID: _____ COUNTY: _____	
Owner: John Smith Address: 123 Chicken Drive City: Hennepin State: MN Zip: 55000		Phone: 320-331-5270		Antigen Manufacturer: Charles River Laboratories Serial Number: 96005P Exp. Date: 9/20/19	
Date of Test: 8-27-19	Reason for Test (Select one): <input checked="" type="checkbox"/> Annual Breeder Flock <input type="checkbox"/> Sale	BAND INFORMATION			
Test Results (copies all sections): Number Tested: 30 Number of Reactors: 0 Result: Negative	Band Numbers of Reactors: _____	BAND INFORMATION			
HATCHERY OWNER'S ASSURANCE: I hereby agree to place my flock under the supervision of the Board of Animal Health and to comply with the rules of the Board.		BAND INFORMATION			
Signature: John Smith Hatchery Owner Name: Jane Doe Testing Agent Number: 12345		BAND INFORMATION			

Rapid Whole Blood Test

UNIVERSITY OF MINNESOTA Veterinary Diagnostic Laboratory		Serology Report		MINNESOTA BOARD OF ANIMAL HEALTH MN Poultry Testing Admin P.O. Box 126 Rochester, MN 55921-0126 Ph: (218) 214-1170 Fax: (218) 214-6071 http://www.vdl.umn.edu		
Accession Number: M15-006158		Submitting Clinic: Turkey Haven Game Farm 1234 Gobbler's Lane Tommy Town, MN 56789		Received Date: 02/10/2015		
Species: Avian, Turkey Pathologist: Dr. Dale C. Lator		Owner: _____ Veterinarian: 99999 External Ref: 99999 Premises: JANE SMITH County: _____				
Tube No.	Id Number	Age	Sex	Mycoplasma gallisepticum (MG)	Mycoplasma synoviae (MS)	Salmonella pullorum-typhoid (P-T)
1	8000	Adult	Royal Pal	M	Neg	0.000 Neg
2	8033	Adult	Royal Pal	F	Neg	0.000 Neg
3	8080	Adult	Royal Pal	F	Neg	0.000 Neg
4	8070	Adult	Royal Pal	F	Neg	0.000 Neg
5	8016	Adult	Royal Pal	F	Neg	0.000 Neg
GMT					N/A	0
					MRP-02/12/2015	TMH-02/12/2015

Lab Test Results

MINNESOTA BOARD OF ANIMAL HEALTH HATCHERY PERMIT CARD		Types of Poultry: <input checked="" type="checkbox"/> Chickens <input checked="" type="checkbox"/> Turkeys <input type="checkbox"/> Upland Gamebirds <input type="checkbox"/> Waterfowl <input type="checkbox"/> Other	
Premises ID # 5555 NPIP # 123		NPIP Classification	
Joe's Hatchery — Joe Smith 1234 Wegby St. NE, Willmar, MN 56201 Hatchery Owner Name		<input checked="" type="checkbox"/> JIS Pullorum-Typhoid Clean <input checked="" type="checkbox"/> JIS Mycoplasma gallisepticum (MG) Clean *Turkey <input checked="" type="checkbox"/> JIS Mycoplasma synoviae (MS) Clean *Turkey <input checked="" type="checkbox"/> JIS H5/N17 Avian Influenza (AI) Clean	
Permit valid from January 1, 2013 until December 31, 2013		Signature: Dan Chown Poultry Program Director	
Minnesota Poultry Testing Laboratory P.O. Box 126 • 1622 Business Blvd. NE • Willmar, MN 56201-0126 320-331-5170 • 1-800-627-3219 TTY			

Hatchery Permit Card

*These pictures are samples only and do not necessarily show the entire form in each image.

Out-State Requirements

- All birds originating from another state must also meet Minnesota import requirements. Import requirements can be found at <http://www.mn.gov/bah/imports>
- All out-state birds must be accompanied by a Minnesota Import Permit and a Certificate of Veterinary Inspection, NPIP VS FORM 9-3, or an equivalent form as approved by the board.
- Import permit examples are shown below*:

MINNESOTA BOARD OF ANIMAL HEALTH
 Minnesota Poultry Testing Laboratory
 P.O. Box 126
 622 Business Hwy 71 NE
 Willmar, Minnesota 56201
 320-231-5170
 poultry@state.mn.us | www.mn.gov/bah

2019-2020 Application to Import Poultry and/or Hatching Eggs into Minnesota
 Annual Permit (Expires August 31, 2020)

SECTION I. APPLICANT INFORMATION
 Business Name: Ishel Huggan Contact Name: Betty Johnson
 Mailing Address, City, State, Zip: 499 Ronald Drive, Willmar, MN 56201
 Hatchery/Farm Address, City, State, Zip: 499 Ronald Drive, Willmar, MN 56201
 Phone: (320) 323-4867 Fax: E-mail: Ishel.Huggan@gmail.com

Please indicate how you would like your permit to be sent to you. Mailed Emailed

I request permission to ship the following types of poultry into the state of Minnesota (check all that apply):

Chicken	Hatching Eggs	Chick	Chickens
Commercial egg-type			
Commercial meat-type			
Backyard and/or exhibition	X	X	X
Turkeys			
Commercial			
Backyard and/or exhibition			
Other	Hatching Eggs	Baby Poultry	Adult Poultry
Waterfowl and/or Upland Game Birds			
Duck, Eevee, Swan, or Goose			

I have read and agree to abide by the Import Requirements for Poultry and Hatching Eggs set forth by the Minnesota Board of Animal Health. I am a participant in the National Poultry Improvement Plan or equivalent poultry disease program.

Applicant Signature: Betty Johnson Date: 12/27/19

Annual Import Permit

To: State of Minnesota

From: Health, Animal (BAH) - animalhealth@state.mn.us
 Sent: Friday, December 20, 2019, 1:02 AM
 To: Health, Animal (BAH), Poultry (BAH)
 Subject: Single Move Request Form - Poultry

First Name: Betty
 Last Name: Johnson
 Date of Request: 12/21/2019
 Email: Ishel.Huggan@gmail.com
 Phone: (320) 323-4867
 Farm Name: Betty Johnson
 Last Name: Ishel Huggan
 Address 1: 499 Ronald Drive
 Address 2: Willmar
 State: MN
 Zip / Post Code: 56201
 Is the origin farm name and address different than contiguous above? No
 Farm Name: MPTL
 Last Name: BAH
 Address 1: 423 Business Hwy 71
 Address 2: Willmar
 State: Minnesota
 Zip / Post Code: 56201
 County: Kandiyohi
 Is the destination farm name and address different than the contiguous above? No
 Date of Movement: 12/21/19
 Type of poultry and/or hatching egg: MPTL/BAH/Johnson/Dec 21 2019
 Other: None
 Number of adult poultry (Other - Waterfowl and/or game birds): 0
 Check box to continue: Checked

Single Move Import Permit

*These pictures are samples only and do not necessarily show the entire form in each image.

For questions on poultry exhibition requirements or accompanying documents, please call the Minnesota Poultry Testing Laboratory at 320-231-5170.

P.O. Box 126 • 622 Business Hwy 71 NE • Willmar, MN 56201-0125 • 320-231-5170 • Fax 320-231-6071

The Minnesota Poultry Testing Laboratory is an Equal Opportunity Employer and provider.

Revised 01/16/2020