

## 2016 WEGBY HATCHERY/BREEDING FLOCK FACILITY APPLICATION

Business Name \_\_\_\_\_ Primary Contact \_\_\_\_\_

Address, City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

1. Type of operation:  Hatchery  Breeding Flock Facility
2. Types of poultry: (check all that apply)  Waterfowl  Upland Gamebird  Turkey  Chicken  Other
3. # of breeder birds \_\_\_\_\_ # of non-breeder birds \_\_\_\_\_

4. Source(s) of birds and/or hatching eggs for 2016 season (use back if needed):

Check all that apply:  Own Flock  Other Flock(s) (list below)  Other Hatcheries (list below)

Source Name

Source Address

Source Breed/Variety

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Hatchery Egg Capacity (maximum capacity when full): Incubators \_\_\_\_\_ Hatchers \_\_\_\_\_

6. Hatchers in use from: \_\_\_\_\_ (month) to \_\_\_\_\_ (month)

7. Do you plan to show poultry at exhibitions (county fairs, state fairs or poultry shows) in 2016?  Yes  No

8. Do you plan to sell hatching eggs, baby poultry or poultry at community sales in 2016?  Yes  No

9. Disease Program Participation - WEGBY:

*REQUIRED PROGRAM(S)*

- U.S. Pullorum-Typhoid Clean
- U.S. Mycoplasma gallisepticum (MG) Clean (turkeys only)
- U.S. Mycoplasma synoviae (MS) Clean (turkeys only)

*OPTIONAL PROGRAMS*

- U.S. Salmonella Monitored \*\*
- U.S. H5/H7 Avian Influenza (AI) Clean \*\*
- (\*\* Additional Samples Required - Contact MPTL for details)

10. I will test my flock by (check one):

- Rapid Whole Blood Test (pullorum-typhoid)
- Hatchery debris samples submitted to MPTL (pullorum-typhoid) - minimum of 6 samples annually
- Blood samples submitted to MPTL (pullorum-typhoid, MG, MS) - TURKEYS

11. List Authorized Poultry Testing Agents who will be blood testing and/or collecting samples:

\_\_\_\_\_

\_\_\_\_\_

I agree to participate and comply with the provisions of National Poultry Improvement Plan (NPIP) and the rules of the Minnesota Board of Animal Health that apply to hatcheries and breeding flock facilities. The information listed on this application is correct to the best of my knowledge:

\_\_\_\_\_  
Owner/Manager Signature

\_\_\_\_\_  
Date

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651-296-2942.

<i>OFFICE USE ONLY</i>	
PREM ID	
NPIP	
Permit Apprvd	
MPTL Initials	