

2017 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) Chicken Turkey Waterfowl Upland Gamebird Other
3. # of breeder birds _____ # of non-breeder birds _____

4. Source(s) of birds and/or hatching eggs for 2017 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 2017? Yes No

8. Do you plan to sell hatching eggs, baby poultry or poultry at community sales in 2017? 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
- 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. I wish to be listed as an NPIP participant on the NPIP webpage. Yes No

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.

TTY users can call the Minnesota Relay Service at 711 or 1-800-627-3529.
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NPIP	
Permit Apprvd	
MPTL Initials	