

2025 WEGBY HATCHERY/BREEDING FLOCK FACILITY APPLICATION
(NPIP Subpart E)

Business Name: _____ MN LID: _____
 Primary Contact: _____ NPIP #: _____
 Business Address: _____ County: _____
 Mailing Address (if different than above): _____
 Cell Phone: _____ Home Phone: _____
 E-mail: _____

- Type of operation: Hatchery Breeding Flock Facility
- Number of breeding birds:
 Chickens _____ Turkeys _____ Waterfowl _____ Upland Gamebirds _____ Other _____
- Number of non-breeding birds:
 Chickens _____ Turkeys _____ Waterfowl _____ Upland Gamebirds _____ Other _____
- Source(s) of birds and/or hatching eggs for the season (use back if necessary):
 Check all that apply: Own Flock Other flocks/hatcheries (list below)
 Source Name Source Address Source Breed/Variety

- Incubator Capacity: _____ Hatcher Capacity: _____
- Hatchers in use from: _____ (month) to _____ (month)
- Do you plan to sell poultry at sales or move poultry out of state? Yes No
- Disease Program Participation:
 U.S. Pullorum-Typhoid Clean (Required)

OPTIONAL PROGRAMS – Additional samples and participation agreement required. Contact MPTL for details.

- U.S. H5/H7 Avian Influenza (AI) Clean* *U.S. Mycoplasma Gallisepticum (MG) Clean*
U.S. Salmonella Monitored *U.S. Mycoplasma Synoviae (MS) Clean*

- I will test my flock for pullorum-typhoid disease by:
 Rapid Whole Blood Test
 Blood/serum samples submitted to the MPTL (required for TURKEYS)
- List Authorized Poultry Testing Agents who will be blood testing and/or collecting samples:

I agree to participate in the U.S. Pullorum-Typhoid Clean program. I have read and agree to abide by the components of the Participation Requirements. The information listed on this application is correct to the best of my knowledge.

Owner/Manager Signature: _____ Date: _____

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Permit Approved	
MPTL Initials	