



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control

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POULTRY TESTING

570.36(4), Florida Statutes
5C-3.001 F.A.C.

www.FreshFromFlorida.com/ai

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

<input type="checkbox"/> Pullorum-Typhoid Testing Report	<input type="checkbox"/> Qualification Test	Date _____
<input type="checkbox"/> M. Gallisepticum Testing Report	<input type="checkbox"/> Qualification Test	
<input type="checkbox"/> M. Synoviae Testing Report	<input type="checkbox"/> Qualification Test	

NPIP#:

Owner: _____	Breed & Variety: _____
Address: _____	Phone: _____
City, State, Zip Code _____	County: _____

Premises GPS	_____	_____
	Latitude (5 decimal digits)	Longitude (5 decimal digits)

TESTING FOR OTHER THAN QUALIFICATION: (explain)	_____
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Number Males _____ Number Females _____ Flock Total _____

Pullorum-Typhoid Testing				M. Synoviae Testing			
M	No. Pos.	No. Neg.	Total	M	No. Pos.	No. Neg.	Total
F	No. Pos.	No. Neg.	Total	F	No. Pos.	No. Neg.	Total
			Total				Total

M. Gallisepticum Testing				_____ Testing			
M	No. Pos.	No. Neg.	Total	M	No. Pos.	No. Neg.	Total
F	No. Pos.	No. Neg.	Total	F	No. Pos.	No. Neg.	Total
			Total				Total

Comments/Notes:

Authorized Testing Agent _____