NICOLE "NIKKI" FRIED
COMMISSIONER

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

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REQUEST AND AGREEMENT FOR TESTING OF POULTRY FOR AVIAN INFLUENZA AND EXOTIC NEWCASTLE DISEASE

585, Florida Statutes
5C-16.021 Florida Administrative Code

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

I agree for a representative sample of poultry owned by me to be tested for Avian Influenza (AI) and Exotic Newcastle Disease (END) by the Florida Department of Agriculture and Consumer Services (FDACS) at intervals determined by the Department. I understand that I will be notified of any positive tests indicating the possible presence of AI or END and that a conditional quarantine will be placed on my premises until virus isolation procedures have been completed. If there is a positive virus isolation of AI or END, an official quarantine will be issued by the Department. If AI or END is not confirmed by virus isolation, the conditional quarantine will be released.

I agree to cooperate with FDACS by furnishing information about my flock and any possible sources of introduction of the AI or END virus if found to be positive. I also agree to comply with the following quarantine removal procedures:

- Voluntary depopulation with no indemnity from FDACS of all poultry;
- Cleaning and disinfecting by the owner of the premises under the supervision of FDACS;
- Repopulation with birds may occur not less than 30 days after the last disinfection;
- Testing of birds by FDACS after repopulation to determine if the virus is still present.

DATE: _____

OWNER: _____ COUNTY: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: ( ) _____ EMAIL: _____

GPS: _____ _____
Longitude Latitude

OWNER'S SIGNATURE: _____

AUTHORIZED TESTING AGENT: _____

I have read the above agreement and **DO NOT** wish to participate in this surveillance program.

OWNER'S SIGNATURE: _____