

# POULTRY INSPECTION CERTIFICATE

For Poultry Entering the *New Jersey* or *New York* Live Bird Marketing System

AVIAN INFLUENZA FLOCK QUALIFICATION TYPE – **MONITORED FLOCK**

## SECTION A: FLOCK INFORMATION

1. State Of Origin: \_\_\_\_\_ 2. Flock Premises ID: \_\_\_\_\_
3. Flock Owner: \_\_\_\_\_ Monitored Flock No. \_\_\_\_\_
4. Address Of Flock: \_\_\_\_\_  
\_\_\_\_\_
5. Phone Number Of Flock Owner/Manager: \_\_\_\_\_
6. Type of Poultry That Qualify For Movement (Quantity, Type, Weight, Color, Age, Etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION B: TESTING INFORMATION

The above identified flock is participating in an Avian Influenza Monitored Flock Program, where thirty (30) birds<sup>1</sup> have been randomly sampled and have tested negative for Avian Influenza<sup>2</sup> monthly for a minimum of three (3) consecutive months. Monthly sampling thereafter of thirty (30) randomly selected birds<sup>1</sup> must test negative for Avian Influenza to maintain Monitored Flock status. If the flock contains less than thirty (30) birds, all birds within the flock must be tested monthly. This certificate shall be accompanied by a copy of the finalized laboratory report indicating the poultry tested negative for avian influenza.

7. Number of Samples Collected: \_\_\_\_\_ 8. Sample Collection Date: \_\_\_\_\_
9. Lab Accession #: \_\_\_\_\_

**THIS CERTIFICATE IS VALID FOR 30 DAYS FROM # 8 AND EXPIRES ON \_\_\_\_\_**

## SECTION C: OFFICIAL/TESTER CERTIFICATION

I certify that I have sampled thirty (30) random birds<sup>1</sup> from the above identified flock and I have inspected the flock as described to me above and no signs of clinical disease were observed and the birds tested negative for Avian Influenza.

10. Tester Signature: \_\_\_\_\_
11. Printed Name: \_\_\_\_\_
12. Phone: \_\_\_\_\_
13. Date: \_\_\_\_\_
14. I am a (check one):  State Official  Federal Official  Accredited Veterinarian  Authorized Tester (**PA+MD ONLY**)

## SECTION D: FLOCK OWNER/MANAGER CERTIFICATION

I certify that the birds represented on this certificate originate from a currently valid Avian Influenza Monitored Flock as described above and that they have not been exposed to other poultry of lesser or unknown Avian Influenza status.

15. Flock Owner/Manager Signature: \_\_\_\_\_
16. Printed Name: \_\_\_\_\_
17. Date: \_\_\_\_\_

<sup>1</sup> Eggs from gallinaceous poultry may be substituted for blood samples for testing of yolk by AGID only at the discretion of the receiving State.

<sup>2</sup> Using an AI official (approved) test conducted in a VS approved laboratory, pursuant to USDA's Prevention and Control of H5 and H7 Low Pathogenicity Avian Influenza in the Live Bird Marketing System Uniform Standards for a State-Federal-Industry Cooperative Program, effective October 20, 2004, as amended and supplemented, available at [https://www.aphis.usda.gov/animal\\_health/animal\\_dis\\_spec/poultry/downloads/lbms\\_program\\_standards\\_final.pdf](https://www.aphis.usda.gov/animal_health/animal_dis_spec/poultry/downloads/lbms_program_standards_final.pdf)

**PHOTOCOPIES ARE ACCEPTABLE**