

POULTRY INSPECTION CERTIFICATE

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

AVIAN INFLUENZA FLOCK QUALIFICATION TYPE – **TESTED FLOCK**

SECTION A: FLOCK INFORMATION

1. State Of Origin: _____ 2. Flock Premises ID: _____
3. Flock Owner: _____
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 has been established for a minimum of twenty-one (21) days and no birds have been added to this flock or have had contact with this flock during this twenty-one (21) day period, then thirty (30) birds¹ were randomly sampled and tested negative for Avian Influenza² within ten (10) days prior to the date of movement and no poultry have been added to this flock or have had contact with this flock after testing and prior to movement. If the flock contains less than thirty (30) birds, all birds within the flock must be tested. 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 10 DAYS FROM # 8 AND EXPIRES ON _____

SECTION C: OFFICIAL/TESTER CERTIFICATION

I certify that I have sampled thirty (30) random birds¹ 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 above identified birds have been established for a minimum of twenty-one (21) days and no birds have been added to this flock or have had contact with this flock during this twenty-one (21) day period and no poultry have been added to this flock or have had contact with this flock after testing and prior to movement.

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

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

² 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

PHOTOCOPIES ARE ACCEPTABLE