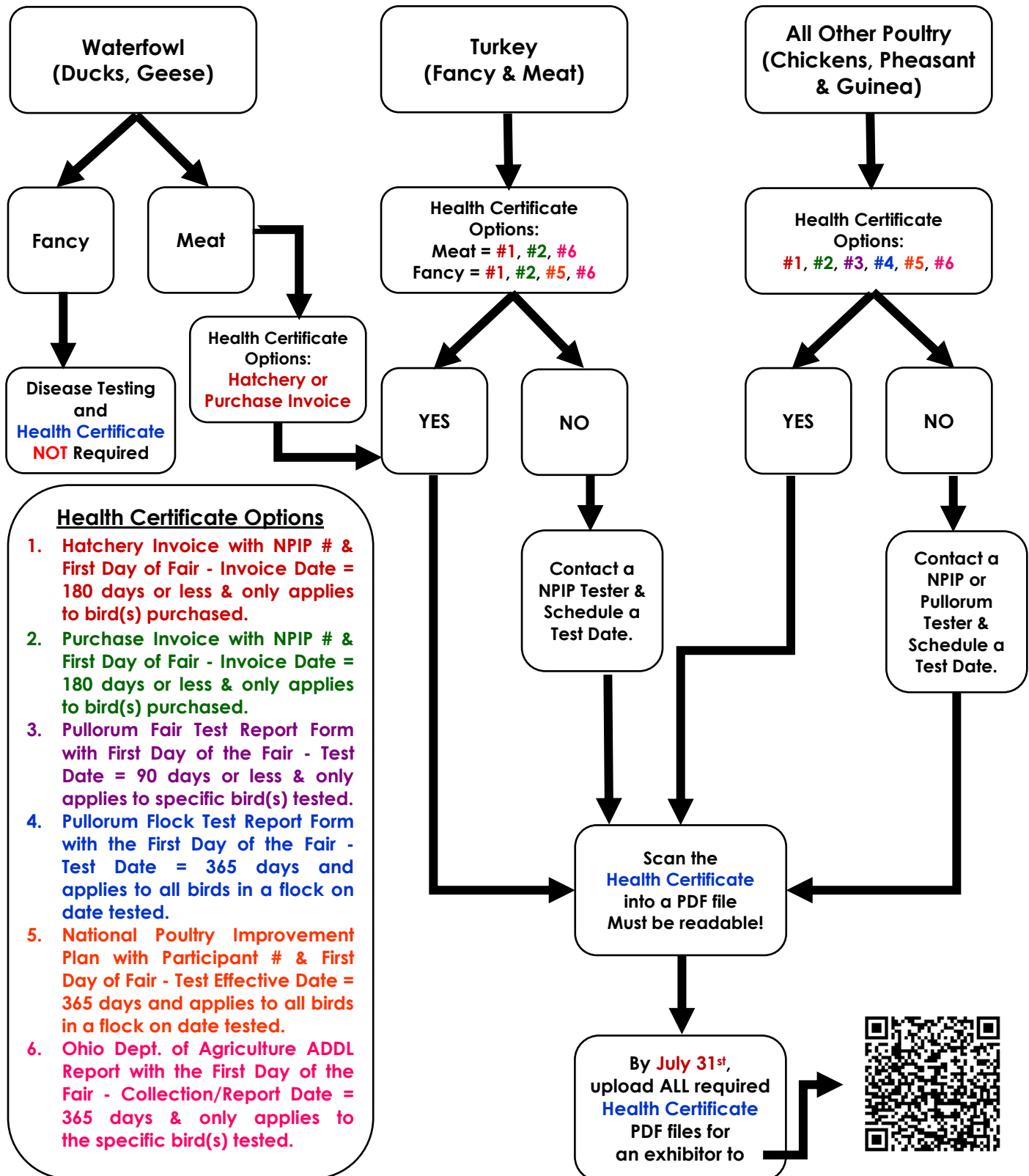


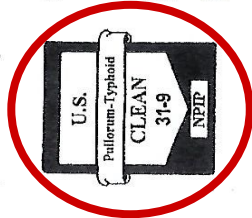
Understanding the Requirements for Poultry Disease Testing and Health Certificates

6/4/2021

What type of poultry do you have?



Health Certificate Option #1 Hatchery Invoice with NPIP # & Invoice Date



HEALTH PAPERS

FROM
MT. HEALTHY HATCHERIES, INC.
9839 WINTON RD. MT. HEALTHY, OHIO 45231 PH: 513-521-6900
SPECIAL HANDLING

NPIP Form 9-3.1
PAYMENT OF FEE REQUIRED
All Plus Due Records
Will be Charged a
2% Monthly Finance Charge

Invoice: 12345
Date: 7/10/2019
Hatched: 7/8/2019
Page: 1

CHARLES CLOVER
12345 MAIN ST.
ANYTOWN, OH 54321

Call on arrival: (555) 555-1234

Service	Breed	QTY	Price	Total
	CORNISH MALE	100		
	VITAMIN STRESS PACK	1.00		

CHRIS CLOVER

This is to certify that the above named producer or shipper is participating in the National Poultry Improvement Plan. All chicks and eggs are produced from U.S. APPROVED PULLORUM-TYPHOID CLEAN FLOCKS.

James H. Chaberski
NPIP State Representative
Date: 07/06/2018
These chicks/eggs originate from NPIP AI clean flocks or from flocks located in an area where AI has not been diagnosed.

EAGLE NEST POULTRY, LLC

Nº E
P.O. BOX 504
OCOLA, OHIO 44860
PHONE (419) 562-1993

NPIP #31-27

OFFICIAL U. S. APPROVED PULLORUM CLEAN CHICKS

SOLD TO
CHARLES CLOVER
12345 MAIN ST
ANYTOWN, OH 54321

DATE 5/16/2019

CHRIS CLOVER

SHIP TO
(555) 555-1234
TERMS: NET DUE 7 DAYS

IF ADDRESS IS NOT CORRECT PLEASE NOTIFY US IN TIME TO MAKE CORRECTIONS
ORDER NO. EXPECTED SHIPPING DATE 5/16/2019 WHEN REFERRING TO YOUR ORDER PLEASE MENTION SHIPPING DATE YOUR ORDER NO.

QUAN.	BREED	TOTAL AMOUNT OF ORDER	AMOUNT PAID	BALANCE DUE
20	Wt. Turkey Toms Odd lot Chq	100.00		105.00
	<i>Paid in Cash</i>	5.00		

This is to certify that the above named producer or shipper is participating in the National Poultry Improvement Plan. All chicks and eggs are produced from U.S. APPROVED PULLORUM-TYPHOID CLEAN & H5/H7 AI CLEAN CLASSIFIED FLOCKS. This is to certify that the description and classification of the products listed are properly indicated.

James H. Chaberski
NPIP State Representative
Date: 5/15/2019



Facsimile of VS Form 9-3

Health Certificate Option #2

Purchase Invoice with NPIP # & Invoice Date



15212 US RTE 224
FINDLAY, OH 45840
419-422-1586

Ticket: 426726
Date: 4/1/2019 Time: 2:40 PM
Store: 000 Register: 1
Cashier: Jennifer
Customer: Charles Clover
Phone #: (555) 555-1234
Loyalty #: 1234567890
Company: Clover & Sons Farms

Item	Qty	Price	Amount
DMR 24% CHICK STRTR 50LB 5078197	1	13.99	13.99 E
PULLETS 2167599	8	2.29	13.74 E
Buy 3 Chicks; Get 1 Free (4.58)			
Subtotal		27.73	
Tax		0.00	
Total		27.73	

Cash 30.00

Change
Cash (2.27)

Tax Exempt Information

Name: Charles Clover
Address: 12345 Main St.
City/St: Anytown, OH 54321
Zip Code:
Phone: (555) 555-1234

Tax Exempt Reason: Agricultural
Expiration Date:
Tax Exempt Holder:

This transaction consists of one or more items identified as exempt from state sales or use tax. By signing below, and under penalties of perjury, signee declares he/she legally has the right to purchase the above

CHRIS CLOVER

TOWNLINE Packing Slip

POULTRY FARM
PO Box 108
Zeeland, MI 49464

Ship To
TSC 668
15212 US RT. 224
Findlay, OH 45840

Order Details:

PO#: 1019630774 Ship Week: 3/28/2019 Div#: 170764

Item Description	Qty	Shipped
TSC Assorted Bantams	60	
TSC Assorted Ducks	50	
TSC Assorted Pullets	225	

*Possible partial shipment - package contains only the items MARKED in "SHIPPED" column

*Please keep ALL packing slips for your records

USDA Form 9-31 - NPIP Approval # 34-31
U.S. Avian Influenza Clean, Pullorum-Typhoid Clean,
Salmonella Monitored



ISA
Brewin
3/28

Health Certificate Option #3

Pullorum Fair Test Report Form & Test Date

FORM APPROVED OMB NO. 0579-0007, 0579-0305		See reverse side for additional information		REPORT NO. N 039255																													
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL POULTRY IMPROVEMENT PLAN		SUBPART: <input type="checkbox"/> B - Egg Type Chickens <input type="checkbox"/> C - Meat Type Chickens <input type="checkbox"/> D - Turkeys <input checked="" type="checkbox"/> E - Waterfowl, Exhibition Poultry and Game Birds <input type="checkbox"/> F - Ostrich <input type="checkbox"/> Other		CLASSIFICATION - U.S. <input checked="" type="checkbox"/> Pullorum - Typhoid Clean <input type="checkbox"/> M. Gallisepticum Clean <input type="checkbox"/> M. Synoviae Clean <input type="checkbox"/> Sanitation Monitored <input type="checkbox"/> M. meleagridis Clean																													
		<input type="checkbox"/> Salmonella enteritidis Clean <input type="checkbox"/> Salmonella Monitored <input type="checkbox"/> M.G. Monitored <input type="checkbox"/> M.S. Monitored <input type="checkbox"/> Avian Influenza Clean <input type="checkbox"/> H5/H7 Avian Influenza Monitored <input type="checkbox"/> Other		TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Multiplier																													
FAIR FLOCK SELECTING AND Charles Clover																																	
1. Name and Address of Flockowner (Include Zip Code) 12345 Main St., Anytown, OH 45840																																	
2. Location of Flock				3. Date of Breeding Stock at This Location 6/2/2019																													
4. Supply Flock for: (Name and address of hatchery or dealer - include Zip Code)																																	
5. Breed, Variety, Strain or Trade Name of Stock Cinnamon Queen + Gold laced Wyandottes				Age of Birds March 28 2017																													
6. Males (Source and Number) 1 Cinnamon Queen		7. Females (Source and Number)		8. Total Birds in Flock 13																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Blood Testing</th> <th style="width: 20%;">a. Number of Males Tested</th> <th style="width: 20%;">b. Number of Females Tested</th> <th style="width: 20%;">c. TOTAL Number Tested</th> <th style="width: 20%;">d. Number of Reactors</th> <th style="width: 20%;">e. Number Sent to Laboratory</th> </tr> <tr> <td>9. PULLORUM TYPHOID</td> <td style="text-align: center;">1</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>10. M. GALLISEPTICUM</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11. M. SYNOVIAE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>12. OTHER (specify)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory	9. PULLORUM TYPHOID	1	5	6	0	0	10. M. GALLISEPTICUM						11. M. SYNOVIAE						12. OTHER (specify)						f. Laboratory Findings <div style="border: 2px solid yellow; padding: 5px; display: inline-block; font-weight: bold; color: black;">CHRIS CLOVER</div>	
Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory																												
9. PULLORUM TYPHOID	1	5	6	0	0																												
10. M. GALLISEPTICUM																																	
11. M. SYNOVIAE																																	
12. OTHER (specify)																																	
AGREEMENT OF FLOCKOWNER I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the Official State Agency. I further agree to flock inspection by a representative of the Official State Agency as prescribed by the provisions and regulations.				Signature of Inspector or authorized agent Signature of Flockowner 																													
				Date 6/2/2019 Date 6/2/2019																													

Health Certificate Option #4 Pullorum Flock Test Report Form & Test Date

Flock FLOCK SELECTING AND TESTING REPORT

1. Name and Address of Flockowner (Include Zip Code)
Charles Clover

2. Location of Flock
12345 Main St., Anytown, OH 45840

3. Date of Breeding Test at This Location
7/23/2019

4. Supply Flock for: (Name and address of hatchery or dealer - include Zip Code)

5. Breed, Variety, Strain or Trade Name of Stock
Buckeyes

6. Males (Source and Number) light blue plastic 68 Date of Hatch 2-3 years

7. Females (Source and Number) blue metal 28, 32, 55 Date of Hatch 2015

8. Total Birds in Flock
12

Blood Testing	a. Number of Males Tested	b. Number of Females Tested	c. TOTAL Number Tested	d. Number of Reactors	e. Number Sent to Laboratory
9. PULLORUM TYPHOID	1	3	4	0	0
10. M. GALLISEPTICUM					
11. M. SYNOVIAE					
12. OTHER (specify)					

AGREEMENT OF FLOCKOWNER

I agree to keep my poultry breeding stock segregated from other poultry and in accordance with the provisions of the Plan and regulations of the Official State Agency. I further agree to flock inspection by a representative of the Official State Agency as prescribed by the provisions and regulations.

Signature of Inspector or authorized agent
Shelly Johnson - Jol

Signature of Flockowner
Charles Clover

Date
7/23/2019

VS FORM 9-2 (JUL 2005) Previous edition may be used.

PART 1 - OFFICIAL STATE AGENCY COPY

U.S. GOVERNMENT PRINTING OFFICE: 2009-351-599

Health Certificate Option #5 National Poultry Improvement Plan with Participant # & Test Effective Date

OHIO POULTRY

National Poultry Improvement Plan

Charles Clover
Participant Number: 12-345

This certifies that the poultry controlled by the above are tested by an authorized agent of the Ohio National Improvement Plan.

They Qualify as:

☒ U.S. Pullorum-typhoid clean ☒ Avian Influenza Monitored

and are therefore eligible for all associated benefits until 6/13/2020

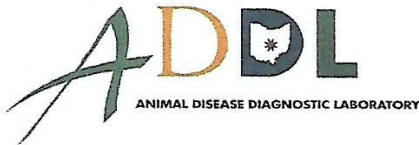
NPIP Plan Administrator

CHRIS CLOVER

Health Certificate Option #6

Ohio Dept. of Agriculture ADDL Report with Collection/Report Date

Ohio Department of Agriculture



Animal Disease Diagnostic Laboratory
8995 East Main Street
Reynoldsburg OH 43068
Phone: (614) 728-6220 Fax: (614) 728-6310

Date Received: 8/1/2019
Collection Date: 7/29/2019

Final Report
Case Coordinator: Yan Zhang

Report Date: 8/9/2019

Accession No: H1234567

OHIO POULTRY ASSOCIATION
5930 SHARON WOODS BLVD.
COLUMBUS OH 43229

Fax: (614) 882-9444
Email: adillinger@ohiopoultry.org

Associated Parties

Owner	Charles Clover
Premise	
Submitter	Ms. Candy Gierke
Billing	Ohio Poultry Association

CHRIS CLOVER

Lab Findings

Avian Serology

Specimen	Test Name	Result
406-407 - AVIAN - Turkey - Male		
Serum - 1	Salmonella pullorum Tube Agglutination	Negative
408 - AVIAN - Turkey - Female		
Serum - 2	Salmonella pullorum Tube Agglutination	Negative
Tested by: Jennifer Balogh, Test Date: 8/21/2018		

Pending Tests

No Pending Tests

Client Report History

Report Type	Delivery Method	Sent To	Date Sent
Final	Email	adillinger@ohiopoultry.org	8/9/2019 3:51 PM
Final	Email	cfulton@ohiopoultry.org	8/9/2019 3:51 PM
Final	Email	jgregorich@ohiopoultry.org	8/9/2019 3:51 PM