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| AH-PO-2740.docx rev. 06/2020 |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Animal Health2811 Agriculture Drive, PO Box 8911Madison, WI 53708-8911Phone: (608) 224-4872 Fax: (608) 224-4871 | FLOCK OWNER NAME: FIRST      | FLOCK OWNER NAME: LAST      |
| LEGAL ENTITY:      |
| STREET ADDRESS      | CITY      | STATE   | ZIP      |
| Wisconsin Intrastate Sale of Poultry/Eggs | s. ATCP 10.40 (7), Wis. Adm. Code |
| Check One Box: |
| [ ]  The above named flock owner is a Wisconsin Tested Flock. All sexually mature birds in the flock have tested negative for *Salmonella pullorum-typhoid (and Mycoplasma gallisepticum for turkeys)* within the last 12 months. |
| [ ]  The above named flock owner is a Wisconsin Associate Flock. All of the birds in the flock were acquired directly from flocks enrolled in programs requiring annual flock testing negative for *Salmonella pullorum-typhoid* (and *Mycoplasma gallisepticum* for turkeys). |
| [ ]  The above named flock owner has individually tested the birds involved in this transaction listed below within 90 days of sale and all said birds have tested negative for *Salmonella pullorum-typhoid* (and *Mycoplasma gallisepticum* for turkeys). |
| Seller must provide a copy of their Wisconsin Tested Flock Form, Wisconsin Associate Flock Form or a copy of the Wisconsin Individual Poultry Test Report to purchaser. |
| Retain this form for at least 3 years. |
| PURCHASER NAME | PURCHASER ADDRESS: Street, City, State, Zip | DATE OF SALE | # OF BIRDS | # OF EGGS | TYPE OF BIRD |
|       |       |       |    |       |       |       |       |       |
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The seller must record all sales of poultry or eggs on this form and retain records of sales for at least 3 years and make available to the WDATCP for inspection and copying upon request.

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04 (1) (m) Wis. Stats.). An Equal Opportunity Employer