

Minnesota Poultry Testing Laboratory P.O. Box 126 • 622 Business Hwy 71 NE

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POULTRY EXHIBITION STATEMENT OF ORIGIN

HATCHERY NAME		DEALER NAME (If any)	
ADDRESS, CITY, STATE, ZIP CODE HATCHERY PERMIT NUMBER:		ADDRESS, CITY, STATE, ZIP CODE DEALER PERMIT NUMBER:	
			W.15.
Quantity Purchased	В	reed	Hatch Date
This is to certify that the above iden	tified poultry were purcha	ased by:	
and originate directly from parent st directly from parent stock qualified	ock qualified as Pullorum as Mycoplasma gallisepti	onon- n-Typhoid clean. If applicable, t cum and Mycoplasma synoviae	turkey poults originate e clean.
(Hatchery Manager/Owner's Signature)	(Date)	(Dealer Manager/Owner's Signat	ure) (Date)
INSTRUCTIONS:	Exhibitors - comp	Dealers - complete the top lete the lower portion () here the eggs were hatched no bought and resold the pou who will own them at the tin	of this form.
EXHIBITOR (Owner)		NAME OF COUNTY FAIR / EX	KHIBITION
ADDRESS, CITY, STATE, ZIP CODE		DATE OF FAIR / EXHIBITION	
This is to certify that the birds I a	m exhibiting are part o	f the above described poultry	<i>r</i> :
(Owner or Exhibitor's Signature)		(Date)	

LS-00031-13