POULTRY EXHIBITION STATEMENT OF ORIGIN

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
STATE BOARD OF ANIMAL HEALTH
SFN 60329 (2-2013)

State Board of Animal Health
ND Department of Agriculture
600 E Boulevard Ave. Dept 602
Bismarck, ND 58505-0020
701-328-2655
1-800-242-7535
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Hatchery - place where the eggs were hatched
Dealer - anyone who bought and resold the poultry since hatching
Exhibitor - person who will own poultry at the time of the exhibition

HATCHERIES AND/OR DEALERS - COMPLETE THIS PORTION

Name of Hatchery			Name of Dealer		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Hatchery NPIP Number			Dealer Telephone Number		

Quantity Purchased	Breed	Hatch or Received Date

This is to certify that the above identified poultry were purchased by:	Date Purchased

and originate directly from parent stock qualified as Pullorum-Typhoid clean.

Hatchery Manager/Owner's Signature	Date	**OR**	Dealer Manager/Owner's Signature	Date

EXHIBITOR - COMPLETE THIS PORTION

Name of Exhibitor (Owner)			
Address	City	State	ZIP Code

Name Of County Fair/Exhibition	Date Of Fair / Exhibition

This is to certify that the birds I am exhibiting are part of the above described poultry:

Signature of Owner or Exhibitor	Date

Other poultry on my premises are as follows: (Give approximate number)

Chickens	Game Birds	Waterfowl	Turkeys	Fancy Birds	Other