



Animal Health Division
West Virginia Department of Agriculture

Kent A. Leonhardt
Commissioner

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Salmonella Pullorum (Thyoid) Report - FMADMNI.009

Tester: Fair/Event: Date:

Address: City: State: Zip:

Phone number: Point of Contact:

By signing below, I hereby certify that all poultry which I an exhibiting at this event have been free of disease for the past 30 days and did not originate from a flock known to be infected with pullorum/typhoid.

Table with 5 columns: Name of Owner, Owner's address, # tested, band #'s used, results. Each row contains sub-rows for printed name and signature.