



**Animal Health Division**  
*Mailing and Shipping Address:*  
**60B Moorefield Industrial Park Rd.**  
**Moorefield, WV 26836**  
**304-538-2397**

***Salmonella Pullorum (Typhoid) Test Report***

**Date:** \_\_\_\_\_ **Tester:** \_\_\_\_\_ **Fair/Event:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Point of Contact:** \_\_\_\_\_

*"By signing below, I hereby certify that all poultry which I am 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."*

	<b>Owner's Name</b>	<b>Address</b>	<b>Variety/Breed of Bird Tested</b>	<b>Sex</b>	<b>Band#</b>	<b>Results</b>
1	Printed name: Signature:					
2	Printed name: Signature:					
3	Printed name: Signature:					
4	Printed name: Signature:					
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