



Animal Health Division
West Virginia Department of Agriculture

Walt Helmick
Commissioner

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Dr. Vanessa L. Harper
DVM Acting Director

Salmonella Pullorum (Typhoid) Report - FMADMNI.009

Date: Tester: Fair/Event:

Address: City: State: Zip:

Phone number: 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.

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

Mail completed form to:
WV Department of Agriculture, Attn: Animal Health - 60B Industrial Park Rd. Moorefield, WV 26836