

**Official Order Form for Publications and Forms**  
**National Poultry Improvement Plan (NPIP), USDA, APHIS, VS**  
**1498 Klondike Road, Suite 101, Conyers, Georgia 30094-5169**

<b>Quantity</b>	<b>NPIP Publications, Videos, or Forms</b>
_____ <b>Pads</b>	<b>VS Form 9-2 (Flock Selecting and Testing Report)</b>
_____ <b>Pads</b>	<b>VS Form 9-3 (Report of Sales of Hatching Eggs, Chicks, and Poult)</b>
_____ <b>Copies</b>	<b>VS Form 9-4 (Summary of Breeding Flock Participation)</b>
_____ <b>Copies</b>	<b>VS Form 9-5 (Report of NPIP Hatchery Participation or Change)</b>
_____ <b>Copies</b>	<b>VS Form 9-7 (Investigation of Salmonella and Arizona Isolations)</b>
_____ <b>Pads</b>	<b>VS Form 9-8 (Flock Inspection and Check-Testing Report)</b>
_____ <b>Pads</b>	<b>VS Form 9-9 (Hatchery Inspection Report)</b>
_____ <b>Copies</b>	<b>Directory of Participants – Egg and Meat-Type Chickens and Turkeys</b>
_____ <b>Copies</b>	<b>Directory of Participants – Waterfowl, Exhibition Poultry, and Games Birds</b>
_____ <b>Copies</b>	<b>National Poultry Improvement Plan and Auxiliary Provisions</b>
_____ <b>Copies</b>	<b>National Poultry Improvement Plan Flock Participation Report</b>
_____ <b>Copies</b>	<b>Avian Mycoplasma Serology Techniques</b>
_____ <b>Copies</b>	<b>Preventing Pullorum-Typhoid ... It's Everyone Responsibility Video</b>
_____ <b>Copies</b>	<b>Practices to Keep Your Birds Healthy DVD (Spanish <input type="checkbox"/> English <input type="checkbox"/> Both <input type="checkbox"/>)</b>
_____ <b>Copies</b>	<b>The National Poultry Improvement Plan Brochure</b>
_____ <b>Copies</b>	<b>Helping You, The Poultry Breeder, Prevent Disease Brochure</b>
_____ <b>Copies</b>	<b>Backyard Bio-Security ... Practices to Keep Your Birds Healthy Brochure</b>
_____ <b>Poster</b>	<b>Bio-Security Poster, Good Neighbors Protect Poultry (Spanish <input type="checkbox"/> English <input type="checkbox"/> Both <input type="checkbox"/>)</b>

**Official State Agency**  **Authorized Laboratory**  **Participants**

**Other**  (Please State):

**Mailing Address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Office Phone: (770) 922-3496**

**Fax: (770) 922-3498**