Illinois Department of Agriculture
Bureau of Animal Health
CERTIFICATE OF EXAMINATION OF POULTRY OWNER OR EXHIBITOR

_____

(Name and Location of Show)

_____

(Number Entered) (Breed) (Species)

Band No. of each bird: _____

_____

These birds were tested by: _____

(Name and Address) (Date)

Birds came from Pullorum-Typhoid Clean Flock of:_____

at_____

(Address)

On _____, I inspected the listed poultry entries and source of flock or flocks and to the best of my knowledge found them free from any evidence of, and not recently exposed to, any infectious or transmissible disease.

_____

(Name and Address of Flock Owner or Exhibitor)

The inspection date must be within 5 days of admission to the above show.

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