# Flockowner Testing Agreement

Rapid Whole Blood Testing

Authorized Testing Agent Form

TVMDL PT Form 002A

Premise Owner: _____ Phone: _____

Address: _____ City: _____ State: __TX____ Zip: _____

Email Address: _____ Flockowner Signature: _____

| **Date of Test:** | **Reason for Test** | **Antigen Manufacturer:** _____ |
|---|---|---|
| _____ | New Flockowner Renewal Test | **Serial Number:** _____ **Exp. Date:** _____ |
| Testing Results (complete all sections) | | I hereby certify that I personally tested the birds reported on this form for Pullorum-Typhoid disease and this test chart is true to the results obtained. |
| Number of Birds Tested | _____ | |
| Number of Negative Tested | _____ | |
| **# of birds under 16 weeks not tested** \| _____ | | |
| Number of Reactors | _____ | |
| Band # of Reactors | _____ | _____ Authorized Testing Agent _____ Agent Number |

**Flock Information**

| **Breed** | **Bantam or Standard** | **# of birds** | **Breed** | **B or S** | **# of birds** |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | **Total Number of birds in Flock:** | | |

**Additional sheet paper maybe attached for more breeds and number of breeds.**

Return copy to TVMDL within 10 days of testing.

Texas A&M Veterinary Medical Diagnostic Laboratory

Attn: Texas Pullorum-Typhoid Program

P.O. Drawer 3040

College Station, Texas 77841

pt-program@tvmdl.tamu.edu