



Texas A&M Veterinary Medical Diagnostic Laboratory  
 Texas Pullorum-Typhoid Program  
 P.O. Drawer 3040  
 College Station, Texas 77841

**PULLORUM-TYPHOID TESTING REPORT FOR SALE AND SHOW**

|                             |             |              |
|-----------------------------|-------------|--------------|
| Name of Sale or Show: _____ | Date: _____ | Phone: _____ |
|-----------------------------|-------------|--------------|

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas Zip: \_\_\_\_\_

|                                 |                     |
|---------------------------------|---------------------|
| Authorized Testing Agent: _____ | Agent Number: _____ |
|---------------------------------|---------------------|

|                             |                        |                 |
|-----------------------------|------------------------|-----------------|
| Antigen Manufacturer: _____ | Expiration Date: _____ | Serial #: _____ |
|-----------------------------|------------------------|-----------------|

| Bird Owner Name, Complete Address, E-Mail Address and Phone | Bird Type | # Tested | # of Reactors |
|---|-----------|----------|---------------|
|   |           |          |               |
|   |           |          |               |
|   |           |          |               |
|   |           |          |               |
|   |           |          |               |

