



## NATIONAL POULTRY IMPROVEMENT PLAN (NPIP) APPLICATION

Return completed form to 635 Capitol St NE STE 100, Salem, OR 97301, or by email to [NPIP@oda.oregon.gov](mailto:NPIP@oda.oregon.gov).

### Bird Owner Information

CONTACT NAME		BUSINESS/FARM NAME	
<input type="text"/>		<input type="text"/>	
PHONE NUMBER	EMAIL		
<input type="text"/>	<input type="text"/>		
PHYSICAL ADDRESS			
<input type="text"/>			
CITY	STATE	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			
<input type="text"/>			

### Flock Information

PRIMARY PURPOSE OF FLOCK	
<input type="text"/>	
BREED VARIETY, STRAIN, TRADE NAME OF STOCK (ADD ADDITIONAL PAGES AS NEEDED)	
<input type="text"/>	
SOURCE OF FEMALES	SOURCE OF MALES
<input type="text"/>	<input type="text"/>
NUMBER OF BIRDS IN THE FLOCK (NUMBER OF CHICKENS, NUMBER OF WATERFOWL, ETC)	
<input type="text"/>	
OPTIONAL PROGRAM PARTICIPATION	
<input type="checkbox"/> Avian Influenza (Recommended)	<input type="checkbox"/> Mycoplasma gallisepticum/synoviae (Optional)

### Acknowledgement of NPIP Participation

I agree to comply with the sanitation, testing, and record keeping requirements of the National Poultry Improvement Program.

I understand that I am responsible for the annual program fee of 25 as well as the cost of necessary testing and farm visit fees. The annual program fee may be waived for youth participants under 18 years of age.

SIGNATURE OF APPLICANT	DATE
<input type="text"/>	<input type="text"/>