

AVIAN INFLUENZA (AI) QUARANTINE

Owner:				Address:			
City:				Zip:		Phone:	
Lat:		Long:		National PIN:		County	
Twp:		Range:		Sect:		¼ Sect:	

Flock (s), Progeny, Eggs Restricted Movement Details:

Species:	Flock ID:	Age:	Sex:	Breed:	Description:

Quarantine Date: _____

Reason for quarantine: _____

I, the undersigned, understand and hereby agree to the following quarantine requirements:

- 1. To keep the poultry flock (s) identified above quarantined under Minnesota Statute Section 35.05. They cannot be removed from the premises nor can additional poultry be added to the premises unless permission is obtained from the Board of Animal Health or its authorized agent or the quarantine has been released.
- 2. To keep the poultry identified confined as instructed by the Board throughout the quarantine period.
- 3. To prevent the poultry flock from coming in contact or commingling with other birds throughout the quarantine period.
- 4. **To immediately report any change in the flock’s clinical health to the Board.**
- 5. To await avian influenza test results from NVSL and permit Board inspection as needed at the end of the quarantine period, prior to movement of poultry and/or poultry products.
- 6. To not allow movement of poultry from the premises until the Board quarantine has been released in accordance with conditions of the Minnesota Plan.

Other Comments:

Name of Responsible Party (print):	Acknowledgement Received:	Date
Signature of Authorized Board Representative:		Date

COPY – MN BOARD OF ANIMAL HEALTH

COPY – BOARD REPRESENTATIVE

COPY – OWNER

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