



Wisconsin Department of Agriculture, Trade and Consumer Protection
Division of Animal Health, Phone (608) 224-4889 Fax (608) 224-4871

POULTRY CERTIFICATION

I, _____, hereby certify that no poultry have died (not
(Exhibitor or, if minor, parent or guardian)
including death by slaughter, predator or accident), within 10 calendar days of this event, on the premises
at which the poultry entered at this event have been kept.

Name of exhibitor: _____

Name of exhibitor's parent/guardian
(if exhibitor is a minor): _____

Address of exhibitor: _____

Phone number of exhibitor: _____

Address where poultry are kept: _____

Premises code number of poultry location: _____

Name of event: _____

Event location address: _____

(Signature of exhibitor or parent/guardian if exhibitor is a minor)

(Date)

*Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.).
This institution is an equal opportunity provider.*