

Poultry Acquisition Form

Please complete the top section of this form, sign where indicated, and email to olac@utk.edu for submission.

Bird/Egg Acquisition Details

- Strain/Breed: _____
- Purpose of Flock (Check all that apply):
☐ Broilers ☐ Layers ☐ Breeders ☐ Dual Purpose ☐ Other: _____
- Age of Birds/Eggs at time of acquisition (weeks or months): _____
- Total Number of Birds/Eggs being acquired: _____
- Intended Acquisition Date(s): _____
- Will these birds be housed separately from existing flocks at UTK (all in/all out)? ☐ Yes ☐ No

Source of Birds/Eggs

- Supplier/Farm Name: _____
- Supplier/Farm Contact Information:
 Name: _____ Phone: _____
 Email: _____ Address: _____
- Source Type (Check one):
☐ Hatchery ☐ Commercial Farm ☐ Local farm ☐ Other: _____
- Is the Farm a NPIP participant? ☐ Yes ☐ No ☐ Unknown
- Has Avian Influenza been diagnosed on-farm or within 5 miles of the supplier within the past 12 months?
☐ Yes ☐ No ☐ Unknown

**If prior approval has been granted for this supplier/farm within the past 12 calendar months, the rest of this form does not need to be completed.*

Infectious Disease Screening (Past 12 Months)

Please attach a description of all infectious disease tests conducted on the flock (or within the specific birds being acquired) from the previous 12 months. Include diagnostic lab reports, if available. If eggs are acquired, data should be provided for the parent flock.

Vaccination Program

Please attach a summary of the standard vaccination plan for the flock. Alternatively, describe any vaccines administered to the specific birds being acquired (this may include the name of the vaccine, the age of the bird(s) when administered, and the route of administration). For the acquisition of eggs, provide the vaccination plan for the parent flock.

PI Signature

- Name: _____ Date: _____

For OLAC use only:

Any recent disease outbreaks? Symptoms observed? Any recent changes in feed, environment, or water source?

Additional Notes or Observations:

Diagnostic Testing Required Upon Arrival:

☐ None ☐ Direct Bird PCR ☐ Environmental/supply PCR ☐ Fecal Evaluation ☐ Tape Test

☐ Other: _____

Agents to test for: _____

Treatment Required Upon Arrival:

☐ None

☐ Coccidia: _____

☐ Roundworms: _____

☐ Red Mites: _____

Special PPE recommendations (reference protocol for congruency): _____

For Out-of State-Import, one of the following has been confirmed:

☐ Supplier is NPIP participant, VS Form 9-3 will be provided by supplier at time of shipment/acquisition

☐ Certificate of Veterinary Inspection (CVI) will be provided by supplier at time of shipment/acquisition

Confirm disposition of animals per protocol: _____

☐ OLAC DVM to provide adoption/transfer of ownership forms to PI, as needed

☐ If animals will be exported from TN, OLAC to advise PI about export requirements and coordinate submission of CVI, if applicable.

OLAC DVM Signature _____

Date _____