



APPLICATION FOR REGISTERED POULTRY EXHIBITION/SALE

Sponsor of Exhibition/Sale: _____

Exhibition/Sale Name: _____

Exhibition/Sale Address(es): _____

(Physical location, no mailing addresses)

City: _____ State: _____ Zip: _____

Exhibition/Sale Premises ID: _____

Exhibition/Sale Phone #: _____ Exhibition/Sale Email Address: _____

(if available)

Veterinarian Name: _____

Veterinarian Address: _____

City: _____ State: _____ Zip: _____

Veterinarian Phone #: _____ Veterinarian Email Address: _____

(if available)

Pullorum-Typhoid (PT) Tester Name: _____

North Central Poultry Association PT Tester Number: _____

PT Tester Phone #: _____ PT Tester Email Address: _____

(if available)

Date(s) of Exhibition: _____ Date(s) of Sale: _____

Sponsor must electronically file the approved registration form and obtain approval from the state veterinarian at least 30 days before the poultry exhibition/sale/event.

Email completed form to: Exhibitions@iowaagriculture.gov

By signing this application, I agree the information provided on this application is true and accurate under penalty, and agree to comply with all requirements for poultry exhibition/sale/event, including:

- Iowa Administrative Code § 21—60: POULTRY
Iowa Code § 168: BABY CHICKS
Iowa Code § 163: INFECTIOUS AND CONTAGIOUS DISEASES AMONG ANIMALS

Applicant Name: _____

Signature of Applicant: _____ Date: _____

Applicant Email Address: _____

(if available)

Updated: 4/16/2026