

Sexing Error Claim Form

Date Submitted: _____

Producer Name: _____

Flock#: _____

Actual Placement Date: _____

Total # of Females Placed: _____
 (Including Extras)

of Mis-sexed birds (brothers): _____

Next Placement Date: _____

Comments

Producer Signature: _____

Yes

No

Hatchery Verification

Inspector Verification

FOR AHEP OFFICE ONLY

___ *Approved*

___ *Not Approved* *Reason:*

Signature

Date