



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
 SCOTTISH GOVERNMENT  
 WELSH GOVERNMENT  
 DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

No: .....

EXPORT OF HATCHING EGGS OF COMMERCIAL CHICKEN (*Gallus gallus*) TO AUSTRALIA

HEALTH CERTIFICATE 1 PART A: OWNER/MANAGER'S DECLARATION

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OWNER/MANAGER AND OFFICIAL VETERINARIAN

I. Number and identification of the hatching eggs

Australian import permit number:

Number of eggs	Identification Mark(s)	Collection date(s)

II. Origin of the hatching eggs

a) Name and address of exporter:

b) Name(s) and address(es) of the source flock(s):

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**III. Destination of the hatching eggs**

- a) Name and address of consignee:
- b) Address of post-arrival quarantine isolation facility:
- c) Nature and identification of transport:
- d) Number and type of containers:
- e) Identification of container seals:

**IV. DECLARATION BY THE OWNER OR MANAGER OF THE SOURCE FLOCK**

I, \_\_\_\_\_ (name)  
the owner/manager\* of the source flock from which the eggs to be exported  
to Australia were derived, hereby declare that:

1. The source flock has not been vaccinated against **avian influenza**;
2. **EITHER\***
  - (i) The source flock has not been vaccinated against **Newcastle disease** (APMV-1).

**OR\***

  - (ii) The source flock has been vaccinated against **Newcastle disease** (APMV-1).
3. **EITHER\***
  - (i) The source flock has not been vaccinated against **avian pneumovirus**.

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OR\*

(ii) The source flock has been vaccinated against **avian pneumovirus**.

4. The vaccination history for **Newcastle disease** (APMV-1) and avian pneumovirus of the source flock is as follows\* OR is attached to this health certificate\*.

Vaccination schedule(s) of other diseases are attached.

Disease	Date(s) of vaccination	Name and type of vaccine
Newcastle disease (APMV-1)		
Avian pneumovirus		

5. The eggs have been laid by source flock(s) established and maintained as an all-in, all-out flock, the youngest birds being not less than 32 weeks old when the eggs were collected.

Date: .....

Signature: .....  
Owner/Manager\*

Name: .....

Address: .....

.....  
.....

The contents of this declaration were discussed with the Owner/Manager and his signature witnessed by

OFFICIAL VETERINARIAN Stamp: Signed ..... RCVS

Name in  
block letters .....

Official Veterinarian

Date.....

Address.....

.....

\* Delete whichever is not applicable

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