

## 

	umber and ident	ification of the day old c Identification	hicks/hatching eggs*  Breed or Type
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		*()	
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		·/V	<b>^</b>
. Oı	rigin of the ch	nicks/eggs*	
) Na	ame and address	s of exporter:	
			10
		premises of origin:	

c) \*Address of hatchery:

## III. Destination of the chicks/eggs\*

- a) Country of destination: INDIA
- b) Name and address of consignee:
- c) Nature and identification of means of transportation:
- d) Type of containers:

## IV. Health Information

- I, the undersigned official veterinarian, certify that the day old chicks/hatching eggs\* described above meet the following requirements:
- a) \*(delete in the case of hatching eggs) I have today examined the chicks for export and found them healthy, free from evidence of disease, and in my opinion fit for the intended journey;
- b) The day old chicks/hatching eggs\* were kept in:
  - EITHER\* (i) The United Kingdom
  - OR\* (ii) A Region of the United Kingdom
  - OR\* (iii) A poultry Compartment within the United Kingdom

which has been free from viruses of **highly pathogenic avian influenza** in poultry since they were hatched/laid\*;

- c) The day old chicks/hatching eggs\* were derived from parent flocks which had been kept in:
  - EITHER\* (i) The United Kingdom
  - OR\* (ii) A Region of the United Kingdom
  - OR\* (iii) A poultry Compartment within the United Kingdom

which was free from notifiable avian influenza in poultry for at least the last 21 days prior to and at the time of the collection of eggs;

d) The flock(s) of origin are free of Mycoplasmosis, and the flocks of origin and the hatchery are members of a Government supervised Poultry Health Scheme, which implements and exceeds the disease control and biosecurity recommendations contained in the OIE Terrestrial Animal Health Code, chapter 6.4., and as such they are subject to regular veterinary inspection;

- e) With respect to Infectious Laryngotracheitis (ILT):
  - (i) \*(delete in the case of hatching eggs) the day old chicks have:

EITHER\* not been vaccinated for ILT

OR\* been vaccinated for ILT as follows:

Manufacturer	Name of vaccine	Date administered

- (ii) the parent flocks are recognised as being free from ILT, based on serological results;
- (iii) the parent flocks have:

EITHER\* not been vaccinated for ILT

OR\* been vaccinated for ILT as follows:

Manufacturer	Name of vaccine	Date administered

- f) With respect to **Infectious Bronchitis** (IB) :
  - (i) \*(delete in the case of hatching eggs) the day old chicks have:

EITHER\* not been vaccinated for IB

OR\* been vaccinated for IB as follows:

Manufacturer	Name of vaccine	Date administered

- (ii) the parent flocks are recognised as being free from IB, based on serological results;
- (iii) the parent flocks have:

EITHER\* not been vaccinated for IB

OR\* been vaccinated for IB as follows:

Manufacturer	Name of vaccine	Date administered

g) The day old chicks/hatching eggs\* were kept in:

EITHER\*(i) The United Kingdom

OR\* (ii) A Region of the United Kingdom

OR\* (iii) A poultry Compartment within the United Kingdom

which has been free from **Newcastle disease** since they were hatched/laid\*;

h)	The day old chicks/hatching eggs* were derived from parent flocks which had been kept in:			
	EITHER*	*(i)	The Uni	ited Kingdom
	OR*	(ii)	A Regio	on of the United Kingdom
	OR*	(iii)	A poult	try Compartment within the United Kingdom
				castle disease for at least the last 21 days e of the collection of eggs;
	supervi tested	ised Poult for <b>fowl</b> l <b>orum</b> ), an	ry Healt <b>typhoid</b>	and the hatchery are members of a Government th Scheme, under which they are regularly (Salmonella gallinarum) and pullorum disease ch they are recognised as being free from these
k)	the flo	ock(s) of	origin h	have not been vaccinated for avian influenza;
1)	eggs ha	as been s	nitised	day old chicks) the surface of the hatching in accordance with the guidance in the OIE th Code chapter 6.4.;
m)				day old chicks/hatching eggs* are packed for and clean;
n)	been ke	ept in the	united	he day old chicks/hatching eggs* originate have Kingdom for the past 12 months, or since is period they have not had any contact with
v.	This o	certificat	te is va	alid for 15 days.
* De	lete as	appropria	ate	
OFFI	CIAL VE	TERINARIA	N Stamp	SignedRCVS
				Name in block letters
				OFFICIAL VETERINARIAN
Date	• • • • • •	• • • • • • • •	• • • •	Address