

DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS THE SCOTTISH GOVERNMENT - RURAL DIRECTORATE
WELSH ASSEMBLY GOVERNMENT, DEPARTMENT FOR RURAL AFFAIRS DEPARTMENT FOR AGRICULTURE AND RURAL DEVELOPMENT, NORTHERN IRELAND

## No:

EXPORT OF TURKEY HATCHING EGGS AND DAY OLD TURKEY POULTS TO IRAN SUPPORT HEALTH CERTIFICATE
I. Name and address of OFFICIAL VETERINARIAN to whom this certificate must be returned as soon as possible:
II. Name and address of exporter:
III. Address of flock(s) of origin:
IV. Date of export:
V. Health Information.

I, the undersigned, certify that the birds comprising the flock(s) of origin at Section III above meet the following requirements:
a) there has been no history or clinical evidence of the following diseases in the flock(s) of origin at Section III above during the past 6 months:
viral anaemia (inclusion body hepatitis), lymphoid leucosis, viral arthritis, egg drop syndrome (EDS 76), avian encephalomyelitis, , mycoplasma (M.gallisepticum, M.synoviae), avian leucosis virus (subgroup J), Newcastle disease, Marek's disease, tuberculosis, reticuloendotheliosis, avian chlamydiosis (ornithosis), psittacosis;
b) blood samples have been taken from a random sample of the birds comprising the flock(s) of origin at Section III above and sent to a government approved laboratory where they were submitted to either the rapid serum plate test or the haemagglutination inhibition (HI) test for Mycoplasma (M.gallisepticum, M.meleagridis, M.synoviae) with negative results in each case;
the flock(s) of origin at Section III above is/are member(s) a Government supervised poultry health scheme, according to which they - have been routinely tested for the following diseases with negative results in each case during the past 6 months:
Salmonella pullorum, Salmonella gallinarum, Salmonella arizonae, and Mycoplasma gallisepticum and Mycoplasma meleagridis;
d)
(if necessary a separate schedule may be attached)
the birds, comprising the flocks of origin at Section III above have been vaccinated against the following diseases, using authorised products in accordance with the manufacturers instructions;

| DISEASE | VACCINE USED | DATE |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
|  |  |  |

e) there has been no history or clinical evidence of the following diseases in the flock(s) of origin at Section III above during the past 30 days:
infectious coryza, pasteurellosis, fowl pox, infectious
laryngotracheitis, fowl cholera, Gumboro disease;
f) the birds comprising the flock(s) of origin at Section III above show no signs of feed deficiencies;
Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .RCVS

Name in block letters ...........................
Flock Veterinarian

Date
Address:

