



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH EXECUTIVE ENVIRONMENT AND RURAL AFFAIRS DEPARTMENT
NATIONAL ASSEMBLY FOR WALES
DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

No:

EXPORT OF CHICKEN AND TURKEY HATCHING EGGS AND DAY OLD CHICKS AND TURKEY
POULTS TO SERBIA

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 of origin:

IV. Date of export:

V. Health Information.

I, the undersigned, certify that the birds comprising the flock of
origin meet the following requirements:

- a) on (date) the birds comprising the flock(s) of
origin have been inspected and found to be free from clinical signs
of infectious or contagious disease;
- b) there has been no clinical evidence of the following diseases on the
premises of origin during the past 12 months:
**Salmonella gallinarum (fowl typhoid), avian encephalomyelitis,
infectious laryngotracheitis, goose influenza, duck virus hepatitis,
avian chlamydiosis, fowl pox, avian tuberculosis, Bordetella avium
(Turkey coryza), infectious bronchitis, and salmonellosis**

c) there has been no clinical, laboratory or pathological evidence of the following diseases in the parent or the grandparent flocks of the eggs/birds for export:

mycoplasmosis (Mycoplasma meleagridis, Mycoplasma gallisepticum, Mycoplasma iowae and Mycoplasma synoviae), reticuloendotheliosis, or avian leucosis;

d) the flock(s) of origin are members of the Government supervised Poultry Health Scheme and as such they have been routinely tested for the following diseases with negative results in each case throughout the life of the flock(s):

(i)* In the case of chickens:

Salmonella pullorum (pullorum disease), Salmonella gallinarum (fowl typhoid), Mycoplasma gallisepticum;

(ii)* In the case of turkeys:

Salmonella pullorum (pullorum disease), Salmonella gallinarum (fowl typhoid), Salmonella arizonae, Mycoplasma gallisepticum and Mycoplasma meleagridis;

e) The flock(s) of origin have been vaccinated as follows (if necessary attach a separate schedule):

Disease	Date of vaccination	Name of vaccine	Manufacturer

f) EITHER (i)* The flock(s) of origin have been vaccinated for **avian encephalomyelitis** as follows:

Date of vaccination	Name of vaccine	Manufacturer

OR (ii)* There has been no evidence of infection with **avian encephalomyelitis** in the flocks of origin during the past 3 years;

* delete as appropriate

VI. This certificate is valid for 10 days

Stamp

SignedRCVS

Name in
block letters

Flock Veterinarian

Date

Address
.....

Department for Environment, Food and Rural Affairs
1A Page Street
London SW1P 4PQ