



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

No: .....

EXPORT OF DAY OLD CHICKS AND CHICKEN HATCHING EGGS TO THE REPUBLIC OF YEMEN

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OFFICIAL VETERINARIAN

I. Number and identification of the birds/hatching eggs

Number	Identification	Breed or Strain	Sex	Age

II. Origin of the birds/hatching eggs

a) Name and address of exporter:

b) Address(es) of the flock(s) of origin:

c)\* Address of hatchery:

**III. Destination of the birds/hatching eggs**

a) Name and address of consignee:

b) Means of transportation:

**IV. Health Information**

I, the undersigned, certify that the birds/hatching eggs described above meet the following requirements:

- a)\* (delete in the case of hatching eggs)  
I have examined the chicks for export and found them to be clinically healthy and free from signs of infectious or contagious disease;
- b) the birds comprising the flock(s) of origin have been inspected and found to be clinically healthy and free from signs of infectious or contagious disease;
- c) there has been no evidence of the following diseases in the flock(s) of origin during the past 6 months: **fowl cholera, ornithosis, Marek's disease, avian leukosis, infectious laryngotracheitis, infectious bronchitis, infectious avian encephalomyelitis or mycoplasmosis;**
- d) no outbreak of **Newcastle disease** (fowl pest) has been confirmed at the premises of origin, nor the hatchery\*, nor within a radius of 30 kms thereof, during the past 30 days;
- e) The United Kingdom is officially free from **highly pathogenic avian influenza** (fowl plague) according to the criteria of the OIE;
- f) the flock(s) of origin are members of a Government supervised poultry health scheme and have been routinely tested for **Salmonella pullorum, Salmonella gallinarum and Mycoplasma gallisepticum** with negative results for at least the past 6 months.

\* Delete as applicable

V. This certificate is valid for 10 days.

Stamp:

Signed .....RCVS

Name in  
block letters .....

Official Veterinarian

Date:.....

Address .....

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V1:6720EHC APPLICATION