

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

EXPORT OF DOMESTIC DUCK (Anas platyrhynchos) HATCHING EGGS TO AUSTRALIA FROM SOURCE FLOCKS WHICH HAVE BEEN VACCINATED AGAINST NEWCASTLE DISEASE

VETERINARY CERTIFICATE 1: PART A. OWNER/MANAGER'S DECLARATION EXPORTING COUNTRY: UNITED KINGDOM FOR COMPLETION BY: OWNER/MANAGER AND OFFICIAL VETERINARIAN

Australian import permit number: I. Number and identification of the hatching eggs

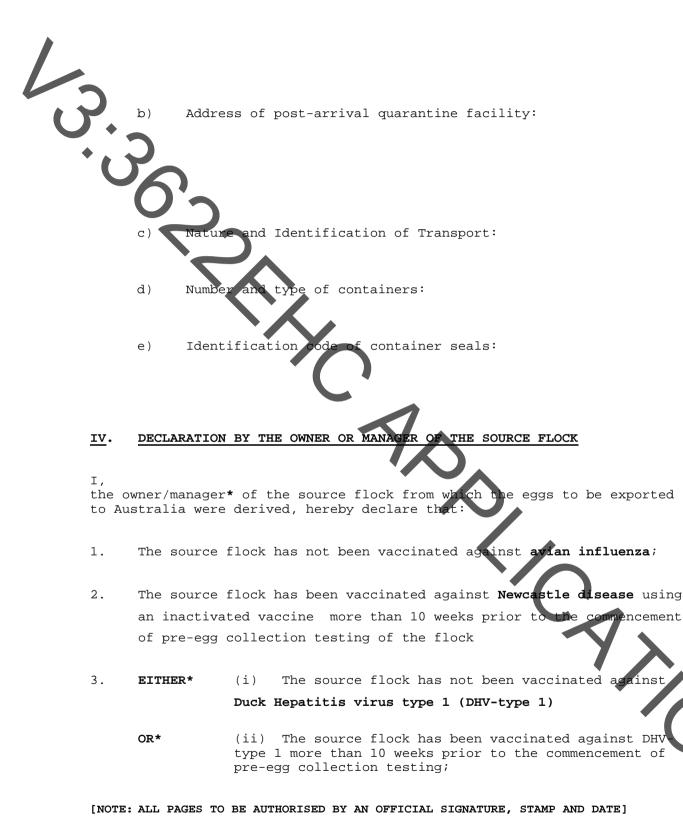
| Numbe    | r Identification Marks                | Collection date |
|----------|---------------------------------------|-----------------|
|          |                                       |                 |
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|          |                                       |                 |
|          |                                       |                 |
| II. Orig | in of the hatching eggs               |                 |
|          |                                       |                 |
| a)       | Name and address of exporter:         |                 |
|          |                                       |                 |
|          |                                       |                 |
|          |                                       |                 |
|          |                                       |                 |
| b)       | Address(es) of flock(s) of origin:    |                 |
|          |                                       |                 |
|          |                                       |                 |
|          |                                       |                 |
|          |                                       | •               |

[NOTE: ALL PAGES TO BE AUTHORISED BY AN OFFICIAL SIGNATURE, STAMP AND DATE]

3622EHC A (Agreed 31/08/2017)

## III. Destination of the hatching eggs

a) Name and address of consignee:



- 4. The source flock has not been vaccinated against **duck virus** enteritis;
- 5. The vaccination history of the source flock is as follows:

(if necessary a separate schedule may be attached)

| -            | sease                               | Dates of vaccination       | Type of vaccine          |
|--------------|-------------------------------------|----------------------------|--------------------------|
|              |                                     |                            |                          |
| <b>J</b> • _ |                                     |                            |                          |
| 6. Th        | e eggs have been la                 | id by a source flock with  | n a maximum age range of |
|              |                                     | t bird being not less that |                          |
|              | gs were collected, sexual maturity; | and which has been a clos  | ed flock from the onset  |
| 01           | Sexual maturity/                    |                            |                          |
|              |                                     | Signature:                 |                          |
|              |                                     |                            |                          |
|              |                                     | Name:                      |                          |
| Date:        | ·····                               | Address:                   |                          |
|              |                                     | $\sim$                     |                          |
|              |                                     | C'                         |                          |
|              |                                     | 1                          |                          |
| The cont     | ents of this declar                 | ation were explained to t  | the Owner/Manager and    |
|              | ature witnessed by                  |                            | -                        |
| OFFICIAL     | VETERINARIAN Stamp                  | Signed                     | RCVS                     |
|              |                                     |                            |                          |
|              |                                     | Name in<br>block letters   |                          |
|              |                                     |                            |                          |
|              |                                     | Official                   | Veterinarian             |
| Date         |                                     |                            | Zeterinarian             |
| Date         | •••••                               | Official                   | Zeterinarian             |
| Date         |                                     |                            | Zeterinarian             |
|              |                                     | Address                    | Zeterinarian             |
|              | <br>lete whichever is n             | Address                    | Zeterinarian             |
|              | <br>lete whichever is n             | Address                    | Zeterinarian             |