



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

No:

EXPORT OF HATCHING EGGS OF DOMESTIC FOWL (*Gallus gallus*) TO AUSTRALIA
FROM SOURCE FLOCKS WHICH HAVE NOT BEEN VACCINATED AGAINST NEWCASTLE DISEASE

FIRST VETERINARY CERTIFICATE PART A: OWNER/MANAGER'S DECLARATION

EXPORTING COUNTRY: UNITED KINGDOM

FOR COMPLETION BY: OWNER/MANAGER AND OFFICIAL VETERINARIAN

I. Number and identification of the hatching eggs

Australian import permit number:

Number of eggs	Identification Marks	Collection date

II. Origin of the hatching eggs

a) Name and address of exporter:

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

III. Destination of the hatching eggs

- a) Name and address of consignee:

- b) Address of post-arrival quarantine facility:

- c) Nature and Identification of Transport:

- d) Number and type of containers:

- e) Identification code of container seals:

IV. DECLARATION BY THE OWNER OR MANAGER OF THE SOURCE FLOCK

I, the owner/manager* of the source flock from which the eggs to be exported to Australia were derived, hereby declare that:

- 1. The source flock has not been vaccinated against **avian influenza**.

- 2. The source flock has not been vaccinated against **Newcastle disease**.

- 3. **EITHER*** (i) The source flock has not been vaccinated against **avian pneumovirus** (turkey rhinotracheitis, TRT)

OR* (ii) The source flock has been vaccinated against avian pneumovirus (turkey rhinotracheitis, TRT)

- 4. The vaccination history of the source flock is as follows:
(if necessary a separate schedule may be attached)

Disease	Date(s) of vaccination	Type of vaccine

5. The eggs have been laid by a source flock established and maintained as an all-in, all-out flock, the youngest birds being not less than 35 weeks old when the eggs were collected.

Signature:
Owner/Manager*

Name:

Date:

Address:

The contents of this declaration were discussed with the Owner/Manager and his signature witnessed by:

OFFICIAL VETERINARIAN Stamp Signed RCVS

Name in
block letters
Official Veterinarian

Address

Date

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* Delete whichever is not applicable