



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS
SCOTTISH GOVERNMENT
WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE, ENVIRONMENT AND RURAL AFFAIRS - NORTHERN IRELAND

No:

EXPORT OF DAY-OLD BIRDS OF POULTRY¹ TO JAPAN

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) there has been no evidence of the following diseases on the premises of origin during the 90 days immediately prior to export:

fowl cholera, viscerotropic velogenic Newcastle disease, *Salmonella pullorum* (pullorum disease), avian infectious bronchitis, avian infectious laryngotracheitis, infectious bursal disease (Gumboro disease), fowl pox, Fowl typhoid (*Salmonella gallinarum*), Respiratory Mycoplasmosis, Marek's disease, avian Salmonellosis (*S. enteritidis* or *S. typhimurium*), avian influenza other than NAI, avian leucosis, avian tuberculosis, leucocytozoonosis, West Nile virus infection;

☐ and only in the case of ducks or geese: duck hepatitis, duck virus enteritis*;

¹ Poultry means chicken, quail, pheasant, emu, ostrich, guinea fowl, turkey and birds classified into order Anseriformes (such as duck and goose)

b) **EITHER**

- ☐ *i) the exported day-old birds originate from flock farms² of origin which are routinely tested as required under the approved salmonella control programmes by the competent authority of the UK for **Salmonellosis (S. enteritidis, S. typhimurium), Pullorum disease and Fowl typhoid** and are considered free from **Salmonellosis (S. enteritidis, S. typhimurium), Pullorum disease and Fowl typhoid** on the basis of negative results in each case;

OR

- ☐ *ii) monthly samples have been taken in the past 90 days from a representative sample of the flock farm(s) of origin and the hatchery in accordance with Point 12(2) and Appendix 1 of the AHR and submitted to a laboratory authorised by the government authorities of the UK for the relevant testing where they were submitted to culture test for **avian Salmonellosis (S. enteritidis and S. typhimurium), Pullorum disease and Fowl typhoid** with negative results in each case;

For the last testing for **avian Salmonellosis** before shipment:

Dates of sampling	Number of samples taken	Type of sample

- c) the flock farm(s) of origin have been examined for **notifiable avian influenza** by the collection of respiratory or cloacal swabs in accordance with Point 13 b. or c. and Appendix 1 of the AHR, and clinical examination as necessary for Point 13 c., and the swabs were submitted to a laboratory approved by the government authorities of the UK for the relevant testing where they were subjected to an antigen detection test ☐ (virus isolation test*/ PCR*) ☐ with negative results in each case (Samples for PCR testing for NAI can be pooled at 1:5 ratio if tested at the APHA Weybridge Laboratory);

Dates of sampling	Number of samples taken	Type of sample

- ☐ *for farms not in free region at time of export:

Egg collection date(s)	Date of clinical examination	Examination results

- d) the flock farm(s) of origin have been examined serologically for **notifiable avian influenza** at intervals of 90 days by the collection of blood samples in accordance with Point 13 a. and Appendix 1 of the AHR and the samples submitted to a laboratory approved by the government authorities of the UK for the relevant testing where they
- ☐ were subjected to a haemagglutination inhibition (HI) test*/agar gel
- ☐ immunodiffusion (AGID)* test with negative results in each case;

Dates of sampling during past 90 days	Number of samples taken	Type of sample

² Flock farms in this paragraph and thereafter in this certificate mean the premises in which the source flocks of exported day-old birds are housed

- e) the birds comprising the flock(s) of origin have been vaccinated against the following diseases using a licensed product in accordance with the manufacturer's instructions (if none, write none. If there is not enough space a vaccination schedule may be attached to this certificate):

Disease	Dates	Name of Vaccine	Volume (dose)	Manufacturer

VI. This certificate is valid for 10 days

* Delete if not applicable

FLOCK VETERINARIAN stamp

Signed RCVS
Flock Veterinarian

Name in block letters.....

Address
.....
.....

Date