

BURKINA FASO – Hatching Eggs

Ik, Dr(s):
I, Dr.:

Veterinair practicus van:
Veterinary Physician of:

Intrnummer:
Intra number:

Farm No.: **VB - NL**
Farm No.:

Naam:
Name:

Adres:
Address:

Postcode:
Zipcode:

Woonplaats:
Place:

Verklaar hierbij / Hereby declare:

The flocks of origin have been free from clinical symptoms of Salmonella pullorum/gallinarum, Mycoplasma gallisepticum, fowl pox and fowl cholera during the last 3 months prior to egg collection for this shipment.

Aldus verklaard / Declared:

Datum:
Date:

te:
at:

(Handtekening / Signature)

(naam & stempel / name & stamp)