

# GAMBIA – Hatching Eggs

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

**Veterinair practicus van:**  
*Veterinary Physician of:*

**Intranummer:**  
*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 fowl cholera, egg drop syndrome and fowl pox during the last 90 days prior to egg collection for this shipment.**

**Aldus verklaard / Declared:**

**Datum:**  
*Date:*

**te:**  
*at:*

**(Handtekening / Signature)**

**(naam & stempel / name & stamp)**