

KENYA – 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:

In the farms of origin of the (grand) parentstock no clinical symptoms have been seen of Marek's disease during the last 6 months prior to egg collection for this shipment.

In the farms of origin of the (grand) parentstock no clinical symptoms have been seen of infectious bursal disease during the last 6 months prior to egg collection for this shipment and the flocks of origin have been vaccinated against infectious bursal disease.

In the farms of origin of the (grand) parentstock no clinical symptoms have been seen of avian encephalomyelitis, avian tuberculosis, avian leucosis, osteopetrosis and epidemic tremor during the last 12 months prior to egg collection for this shipment.

Aldus verklaard / Declared:

Datum:
Date:

te:
at:

(Handtekening / Signature)

(naam & stempel / name & stamp)