

UGANDA – 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) parent stock no cases, based on clinical inspections, of *Salmonella pullorum/gallinarum* and *Salmonella enteritidis/typhimurium* were diagnosed during the last 90 days prior to egg collection for this shipment.

In the farms of origin of the (grand) parent stock no cases, based on clinical inspections and eight weekly laboratory tests, of *Mycoplasma gallisepticum* were diagnosed during the last 90 days prior to egg collection for this shipment.

In the farms of origin of the (grand) parent stock no clinical symptoms have been seen of *Mycoplasma synoviae* during the last 90 days prior to egg collection for this shipment *). The flocks of origin have been clinically free from avian infectious bronchitis, infectious laryngotracheitis, fowl cholera and avian leucosis 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)