

# SEYCHELLES – 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 clinically free from fowl cholera, Salmonella pullorum/ gallinarum, Mycoplasma gallisepticum 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)**