

## POULTRY HEALTH AND VALUATION CERTIFICATE

Name and address o	of poultry owne	er: 					
Location of the farm	.?						
Types of birds kept i	n the farm?						
Number of birds in t	he farm as of t	his day	?				
		•	the selling contract p		•		; average value of
Does the farmer kee	p other birds?	If yes, \	what type and how m	any?			
What bio safety mea	asures has the	farmer	taken to prevent intro	oduction	n and spread of	a disease into	o the farm?
Give details of all va	ccinations carr	ied out	on the birds and the	respecti	ve dates?		
Date		Type of vaccination			Purpose		
Description of the B	irds						
House number	Number of birds		Breed	Age (current age) Health sta		Health statu	itus
				-			



Total					
			•		ı
Doctors overall opini	ion on the health of th	ie birds.			
Name of votorinary	dostori				
	doctor:				
Vanua Votorinary Po	ard registration numb				-
Renya vetermary Bo	ard registration numb	er			
Physical Address (inc	cluding telephone/mol	olle):			
I doclare that the int	formation given in thi	s cortificato is truthfu	l and warrant that no	material information	has boon
	he health status and v			material information	nas been
withinela regarding t	ne nealth status allu v	aluation of the dillina	is examineu.		
	Signature	& Date			