



I, _____ confirm that, to the best of my knowledge, the information contained on this Flock Information Reporting Form is accurate and complete and that any diseases that were diagnosed in the flock as a result of laboratory tests and/or readily observable clinical signs have been identified and reported on this form.

Signature _____

Date _____

Export Certification for Russia and China

To the best of my knowledge, no laboratory diagnosis (excluding vaccination response) of the following trade related diseases were found in this flock or on my farm during the past six (6) months: avian (fowl) cholera, ornithosis (psittacosis), infectious laryngotracheitis (ILT), and infectious encephalomyelitis (AE).

Furthermore, I authorize Animal Health Laboratories and private veterinary practitioners to release any diagnosis for avian (fowl) cholera, ornithosis (psittacosis), infectious laryngotracheitis (ILT), and infectious encephalomyelitis (AE) to the Provincial Veterinarian, the CFIA veterinarian at the processing plant where birds from my farm will be slaughtered and to a veterinarian named by the processor.

Signature _____

Date _____