

National Parks Board

Animal & Veterinary Service Singapore Botanic Gardens 1 Cluny Road, Singapore 259569 Tel: (65) 64717808, Fax: (65) 64723033 www.avs.gov.sg www.facebook.com/AnimalBuzzSG

VETERINARY CERTIFICATE

Certificate No:

| I: | IDENTIFICA | FION OF BIRD(S) | | | | | |
|-----------------------------|-------------------|-------------------|------|------|-----|-------------------|----------------|
| Speci | es/Breed | Quantity | | Sex | Age | Distinctive Marks | |
| Pleas | e refer to AVS | Export License No | o. : | | | | |
| | | L | AST | ITEM | | | |
| II: | ORIGIN OF E | BIRD(S) | | | | | |
| Name | and address o | of consignor: _ | | | | | |
| III: DESTINATION OF BIRD(S) | | | | | | | |
| Name | and address o | of consignee: _ | | | | | |
| Coun | try of destinatio | n: Japan | | | | | |
| Flight | number: | | | | | | |
| Place | of loading: | Singapore | | | | | |
| Date | of loading: | | | | | | Official stamp |

Certificate No:

IV: SANITARY INFORMATION

1. The bird(s) show(s) no clinical signs of West Nile fever or highly pathogenic avian influenza or low pathogenic avian influenza at the time of shipment.

2.

□ For birds that have been raised since hatching, those that have been kept for the past 21 days or since hatching in a storage facility (limited to those with preventive measures against the invasion of mosquitoes), in regions that the Minister of Health, Labour and Welfare of Japan has designated as regions where highly pathogenic avian influenza or low pathogenic avian influenza has not been confirmed.

OR

- □ Except for bird (s) that has/have been raised since hatching, those that have been kept for the past 21 days or since hatching in a quarantine facility (limited to those with preventive measures against the invasion of mosquitoes) in regions that the Minister of Health Labour and Welfare of Japan has designated as regions where highly pathogenic avian influenza or low pathogenic avian influenza has not been confirmed.
- I, the undersigned, certify that the birds described above meet the requirements.

| Name: | |
|--------------|--|
| Designation: | |
| Address: | |
| Date issued: | |

