

DEFRA BIOSECURITY FORM

NO BIRD WILL BE ACCEPTED INTO THE SHOW WITHOUT THIS DOCUMENT DULY COMPLETED

Name:	
Address:	
Tel:	
Email:	
Number of birds:	
Origin of birds: <i>(if different to address above)</i>	

I/We(Print name/s)

- 1) I have read and will comply with the biosecurity information provided overleaf.
- 2) To the best of my knowledge, my birds have not been in contact with any notifiable avian disease agents and do not show any signs of infection.
- 3) The birds do not originate from a premises under restriction for a poultry disease or from within a Protection, Surveillance or other notifiable avian disease controlled zone or from an Avian Influenza Prevention Zone.

Signed Date.....