Bio Form B

Name

Address

Telephone Number   Email

Number of Pigeons

Origin of Birds (if different to address above)

I declare that

1) I have read & will comply with the biosecurity information provided below.

2) To the best of my knowledge, my birds have not been in contact with any notifiable avian disease agents & 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.

All birds have been checked for signs of ill-health before travelling to and from the event.

It is recommended that birds returning from the event are isolated from other birds and health monitored for at least one week.

Any signs of ill health observed in the birds during this period must be reported to a veterinary surgeon and such birds must not be mixed with any other birds until the presence of an avian notifiable disease has been ruled out

All baskets must be cleansed and disinfected prior to them being brought to the event, ensuring that they are free from droppings or other material of bird origin. Items which are visibly contaminated other than with faeces produced during transportation of the birds to the gathering will not be allowed to enter.

As far as is practicable, birds must not contact other birds at the event.

The ring numbers of all pigeons that attended the event have been logged on Bio Form C and a list given to the show organiser. A record of the name address and ring number of every pigeon sold or given away must be kept for three months and made available to the show organiser if required.

Any waste material including feed, bedding, droppings, or other material of bird origin must be double bagged for disposal and any contaminated solid surfaces disinfected using a disinfectant approved for avian diseases on the Defra approved disinfectant list
http://disinfectants.defra.gov.uk/DisinfectantsExternal/Default.aspx?Module=ApprovalsList_SI

Disinfectant Used ……………………………………………..

Signed …………………………………………….Date …………….