

# AVIAN PERMIT FORM

Permit Valid for 15 days from date issued.

Permit Number: \_\_\_\_\_

Date of Permit: \_\_\_\_\_

<b>Name &amp; Address of Owner (Origin of Bird/s)</b>				<b>Name &amp; Address of Bird(s) Destination</b>			
<b>TEST(S) if Applicable</b>							
TESTED FOR: _____		DATE: _____		LAB: _____			
<b>ANIMAL IDENTIFICATION</b>							
BIRD(S) IDENTIFICATION (if applicable)	BIRD(S) DESCRIPTION	COLOR	AGE	SEX	SPECIES (TYPE OF BIRDS)	NUMBER OF BIRDS	TEST(S) RESULTS (if applicable)

**Shipper/Consignor certification:** I certify as the shipper/consignor, that the above described bird(s) have been inspected by me and have not originated from or have been near or transited through counties containing avian species diagnosed with **EXOTIC NEW CASTLE DISEASE**. " I certify to the best of my knowledge that this/these bird(s) originate(s) from a flock that does not show any signs of illness. I agree to notify my veterinarian if this/these bird(s) or any flockmates become ill after the time this examination has been made, or before this Avian Permit expires."



\_\_\_\_\_  
Shipper/Consignor (PLEASE PRINT)

\_\_\_\_\_  
Shipper/Consignor (SIGNATURE)

\_\_\_\_\_  
Shipper Address (PLEASE PRINT)

\_\_\_\_\_  
Date Signed

**Division of Animal Health,  
Livestock Disease Control**

**Call (609) 292-3965 for Permit Number**