APPENDIX 5 – POULTRY SHOW BIOSECURITY PLAN

POULTRY HEALTH BIOSECURITY DECLARATION TEMPLATE

EVENT NAME		**DATE**	
COMPETITOR NAME			
OWNER / PERSON IN CHARGE OF BIRD/S			
HOME ADDRESS			
PHONE (MOBILE)		**EMAIL**	
PROPERTY OF ORIGIN OF BIRD/S			
ADDRESS (If different from owner address)			

DETAILS OF ALL BIRDS BROUGHT ONTO THE GROUNDS			
Registered Name (if applicable)	**Description of Bird**	**Identification (distinguishing features)**	**Vaccinations (if applicable)**

Are these birds remaining on grounds overnight? _____

Declaration to be completed by owner or person in charge of bird/s listed above:
I, _____declare that the bird/s listed above, to the best of my knowledge, is/are of a fitness standard suitable for the event and healthy. I agree that if found to be otherwise it/they will not be allowed to compete at this event. I give my authorisation for _____Show Society Biosecurity Officer or other authorised Show Society representative to call for a veterinary inspection of the birds listed above and, in my care, if they show signs of illness at any time they are at this event. I understand my bird/s may be quarantined within the designated cage biosecurity quarantine area if a veterinary inspection is deemed to be necessary. I agree to pay any veterinary fees incurred for the abovementioned birds because of this veterinary inspection.

I FURTHER DECLARE THAT:

1. Any stock travelling from interstate has been inspected/sprayed/self-certified (if required), before arriving into NSW.
2. The information contained in this Poultry Health biosecurity declaration is true and correct to the best of my knowledge.
3. I acknowledge that there is a possibility that birds/s might become infected with disease because of any movements and if necessary, birds and the event grounds will be quarantined in accordance with any legislation covering such occurrences including policies and procedures in effect at that time.
4. I acknowledge that, in the event of poultry movement restrictions and/or quarantine each owner/person in charge will be responsible for the full care, maintenance and cost of their bird including feeding and veterinary costs if required.

This form can be signed at time of pre-entry, but if there is any change in the bird's health status, the competitor agrees to withdraw the exhibit.

I agree that by inputting my name in the signature box and ticking the box beside my name, everything in this document is binding on me and my heirs, next of kin, executors and administrators.

Signature:..... ☐ Date: ……