

<u>OWNER ENDORSED AVIAN</u> INTERSTATE/ INTERNATIONAL HEALTH STATEMENT

For flocks which are not participating in the National Poultry Improvement Plan, a completed Owner Endorsed Avian Interstate Health Statement or Certificate of Veterinary Inspection must accompany all avian species and hatching eggs imported into Pennsylvania. If the birds or hatching eggs are shipped through a courier or delivery service, the certificate must be affixed to the outside of the container and must be clearly visible and legible. A copy of the certificate and negative test report must be sent to PDA within the seven days after shipment. The Owner Endorsed Avian Interstate Health Statement *must* be endorsed with the bird owner's signature.

| owing information is required: | | | | 3. Bird or hatching egg description: |
|--------------------------------|--|--------------|-----|---|
| 1. | Owner (shipper) Information: a. Name: | | | a. Breed(s): |
| | | | | |
| | b. Address: Street, Route, or Box Number | | | b. Age(s): |
| | | | | |
| | | | | If meets age requirements as per PA importation rules, or if eggs, |
| | City | State | Zip | the source flock test results: Lab name: |
| | c. Telephone number: () | _ | | Lab test accession number: |
| | d. Email address: | | | c. Gender(s): (circle all that apply) |
| | | | | Male Female Unknown Eggs Hatching Eg |
| 2. | Destination Information: | | | d. Production type(s)/Purpose(s): (circle all that apply) |
| | a. Name: | | | Egg type Meat type Exhibition type Raised for Release |
| | b. Address: | | | Zoo Pet Other (describe) |
| | Street, Route, or Box Number | | | I certify that the above information represents a true and accurate statement regarding |
| | | | | bird(s) and their home flock(s). I further attest and affirm that these birds or hatching |
| | City | State | Zip | eggs entering PA are free from evidence of infectious or contagious diseases. I affirm foregoing to be true and correct, and make this statement subject to the penalties of 18 |
| | c. Telephone number: () | | | Pa.C.S.A. §4904, relating to unsworn falsification to authorities. |
| | d. Email address: | | | 4. Owner signature: |
| | | | | 5. Date signed: |

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