



Bird Registration Form

Name	<input style="width: 95%;" type="text"/>	Telephone	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Address of birds (if different)	<input style="width: 95%;" type="text"/>
Postcode	<input style="width: 95%;" type="text"/>	Postcode of birds (if different)	<input style="width: 95%;" type="text"/>
Email	<input style="width: 95%;" type="text"/>		
CPH	<input style="width: 95%;" type="text"/>		

Bird species	Number
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>

- I confirm that my birds are on the APHA Kept Bird Register
- I confirm that I have read the information provided and will comply with the biosecurity requirements before, during and after the event
- 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
- The birds do not originate from a premises within a Protection Zone, Surveillance Zone, Temporary Control Zone, Temporary Movement Control Zone or other notifiable avian disease controlled zone.
- I will check my birds for disease prior to departure from the event

Signed _____ **Date** _____

