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| CoA Agric3 | DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES  DIRECTORATE ANIMAL HEALTH |
| **REGISTRATION FORM – LIVE CHICKEN TRADE – LIVE CHICKEN SELLERS / COMMERCIAL PRODUCERS** |
| DIRECTORATE: | ANIMAL HEALTH |

**Farm details**

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| --- | --- | --- | --- |
| Name of the Farm/Depot |  | | |
| GPS coordinates |  | | |
| Manager/Contact Person |  | | |
| Phone | Work | Mobile | Alternative |
| Veterinarian |  | | |
| Phone | Work | Mobile | Alternative |
| State vet area |  | | |
| State vet name |  | | |
| Estimated number of poultry on the farm/Estimated number of poultry processed by the depot |  | | |
| Brief description of the type and number of farms feeding into the depot |  | | |

Note: Depots that receive birds from various sources (farms not from the same company) have to ensure that each farm is registered separately. The sale of live chickens from the farm of origin is subject to a health declaration. Kindly forward the completed forms and any other information required in respect of this registration to [info@pdma.co.za](mailto:info@pdma.co.za) alternatively [malesedi@sapoultry.co.za](mailto:malesedi@sapoultry.co.za). For enquiries contact Malesedi on 012 529 8298.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby authorize sharing of the information furnished on this form with the Poultry Disease Management Agency.

Signed by: ……………………………………….. Date:…………………………………………………….