



Bird Registration Form

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|--|--|---|--|
| Name | | Telephone | |
| Address | | Postcode | |
| Address of birds (if different) | | Postcode of birds (if different) | |
| Email | | | |

| Bird species | Number of birds |
|--------------|-----------------|
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| I confirm that I have read the information provided and will comply with the biosecurity requirements | |
| 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 _____