

HPAI 2022 – Hatchery Declaration for Receiving Hatching Eggs from a Primary Control Zone for Avian Influenza

Date of Declaration (YYYY-MM-DD)	
Hatchery Name and address:	
Owner or Manager responsible for this declaration	
Contact information (phone and e-mail)	

Complete prior to receiving the first shipment of hatching eggs from a Primary Control Zone for Avian Influenza and notify the CFIA Movement Control group if any procedures within the hatchery change while the Primary Control Zone is in effect.

<input type="checkbox"/> The hatchery listed above is a registered/licenced hatchery with the CFIA. OR <input type="checkbox"/> The hatchery listed above is not a registered/licenced hatchery with the CFIA. If the premises receiving hatching eggs which originate from a Primary Control Zone for Avian Influenza is not a registered/licenced hatchery: <input type="checkbox"/> SOP for biosecurity and sanitation procedures used within the hatchery is attached to this Declaration and to the Permission Request Form.
<input type="checkbox"/> The hatching eggs which originate from a source flock within a Primary Control Zone for Avian Influenza will be marked and segregated to ensure no export of the eggs or day-old poultry can occur (domestic use only).
<input type="checkbox"/> All hatchery staff responsible for monitoring and recording hatchability parameters are aware that the CFIA Movement Control group must be notified immediately if the fertility or hatch rate of a set of hatching eggs which originate from a source flock within the Primary Control Zone for Avian Influenza is below expected parameters. When an abnormality is reported to the CFIA the following information must be supplied: <ul style="list-style-type: none"> • Dates of movement of the hatching eggs into the hatchery and date eggs were set; • Number of eggs set; • The expected normal parameter for fertility or hatchability; • The duration of time in storage before the eggs were set; • Age of the source flock breeders; • If abnormal chick quality was observed (abnormal includes lethargy, wet or green chicks, large unhealed navels)

SIGNATURE

<input type="checkbox"/> Check this box to acknowledge and confirm content and submit the declaration as per regional instructions from CFIA.
