

**APPLICATION FORM TO REGISTER AS A POULTRY BREEDER FARM IN SRI LANKA**

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**SECTION A**  
*(To be filled by the Applicant )*

**1. General Information**

1.1 Name and Address of the Applicant (including Tel., Fax and E.mail Nos) :

1.2 Province :.....  
Divisional Secretariat area : .....  
Municipality area :.....  
Veterinary Surgeon's Area :.....  
Grama Niladhari area :.....

1.3 Directions to the Farm :

1.4 Applicant's knowledge and experience in poultry farming :

1.5 Objectives of the farm :

- a. Commercial Broiler Production ( )
- b. Commercial Layer Production ( )

**2. Type of Operation**

- a. Single age group farm ( )
- b. Multi-age group farm with the hatchery ( )
- c. Grower unit separated from layer units and the hatchery ( )

FO/VRA/24 Issued No: 01 Date: 01.01.2013 Revised No:00 Revised Date:

### 3. Scale of Operation

3.1 Expected production of saleable chicks / wk

Broiler Chicks .....

Pullets .....

3.2 No. of parent birds to be imported at a time

Broiler .....

Layer .....

3.3 No. of parent stock batches to be imported in a year.

Broiler .....

Layer .....

3.4 Expected total No. of birds to be maintained in the farm.

Broiler .....

Layer .....

### 4. Land and Infrastructure

4.1 Total extent of the land.....

(please annex a sketch of the land indicating boundaries and the type of surrounding land /operations)

4.2 Distance to the main road / Railway Station .....

4.3 Description about the surrounding / neighbourhood

4.4 Is the proposed site is being separated from its surrounding?

Yes / No.

4.5 If 'Yes', how it is separated ?.....?

4.6 What are the other poultry breeding /commercial farms , processing plants, feed manufacturing plants located in close proximity to this area?

4.7 Approximate distance to each operation , from the proposed site

	Distance (km)
a. Poultry breeding farm/s	.....
b. Commercial poultry farm/s	.....
c. Processing plant/s	.....
d. Feed manufacturing plants	.....

4.7 Are there any other types of poultry (Ducks, Turkey, Quails.) or commercial broilers/layers being reared on the proposed land/ premises ?. If ` yes' please provide details including the distance of each such unit/s to the proposed site.

4.8 Source of water supply

Well / Municipality supply / River / Canal / Any other source.....

(To be supported by a laboratory report on the microbiological quality of water).

4.9 Electricity supply.

Single Phase / Three Phase.

4.10 Average Temperature of the area:

4.11 Average Relative Humidity :

## 5. Farm Plan

### 5.1 Proposed Hatchery Building

5.1.1 Design of the hatchery (please annex a labeled sketch).

5.1.2 Is it allowed for one-way traffic?  
(please indicate work flow directions in the hatchery lay-out/sketch)

5.1.3 Type, make and capacity of the proposed incubator

5.1.4 How the proposed hatchery separate from other units of the farm ?

5.1.5 Distance from hatchery to the :

Distance (m)

Layer house/ Units

Grower Units

Other Units

.....

.....

5.1.6 Proposed hatchery waste and disposal system.

5.1.7 Proposed drainage system.

5.1.8 Proposed fumigation procedure for eggs ( if any ).

5.1.9 Proposed cleaning and disinfection programme for hatchery equipment, utensils .

5.1.10 Proposed Sanitary facilities for workers

## **5.2 Breeding Establishment (proposed programme )**

5.2. 1 Is there a separate quarantine area to house newly arriving parent chicks?  
(please annex the farm lay-out labeling each unit/s)

## 5.2.2 Entrance to the farm

Disinfection/ spraying facilities for vehicles ( )  
 Change room facilities for farm staff ( )  
 Any other method.....

## 5.2.3 Farm units (please show these in the farm lay-out indicating distance to each other in Metres)

	No.
Poultry Houses	
Grower	.....
Layer	.....
Brooder	.....
Other	.....
Food storage	.....
Fumigation room	.....
Office room	.....
Record Room	.....
Laboratory	.....
Toilets for farm staff	.....
Store Room	.....
Quarters for farm staff	.....
Other Rooms	.....

## 5.2.4 Poultry Houses (please annex a design/sketch with dimensions)

Orientation .....

Type .....

## 5.2.5 Is there a stand-by generator? If `yes` please provide specifications.

**6. Input Supply (proposed plan)**

## 6.1 Parent Birds

## a. Strain

Broiler ..... layer .....

b. Country of Origin

Broiler ..... layer .....

## 6.2 Feed

- a. Purchased or self –mixed ? .....
- b. If purchased , name of the supplier .....
- c. If self mixed :
- Source of feed / ingredients .....
- Feed formulation will be done by : .....

## 6.3 Technical Services

Name of Technical Advisor (with qualifications)

## 6.4 Do you expect to get any foreign assistance?

If 'yes' , please indicate the name of the institute

## 6.5 Do you have an access to documents / literature on poultry?. If 'yes' please specify .

## 6.6 Manpower:

a. Staff position (Category and No.)

Category	No.
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

b. Their knowledge and experiences in poultry management:

## 6.7 Financial

a. Capital Investment (Rs)

So far

### Future Plan

- b. Do you intend to get any assistance from the bank/s. (Please give details)

## 7. Hygienic operational procedures of the farm (proposed programme)

### 7.1 Operational Procedures - Hatchery

- a. Sanitary/hygienic programme for vehicles personnel etc:  
(please explain )
- b. Cleaning and disinfection programme :
- c. Personal hygienic monitoring program for the staff/workers

### 7.2 Hatchery Egg Hygiene and Transport ( proposed programme)

- a No of nest boxes to be provided to breeders ( please indicate the no. of birds /nest as well )
- b Egg collection : .....times/day
- c. Fumigation procedure for eggs.( please indicate the location and the procedure)
- d. Transport system of eggs from layer unit /s to the hatchery:

### 7.3 Health of and Bio-Security Programme (proposed)

- a. Disinfection facilities at each unit. (method to be specified)
- b. Programme to dispose dead /sick birds.
- c. Pest and Rodent control programme
- d. Control programme for wild birds and dogs.
- e. Decontamination of housing and equipment  
(please explain the procedure to be implemented)

Resting period for poultry houses.....days/weeks

- f. Do the workers rear poultry in their houses?
- g. Do workers/farm staff have facilities to reside in the farm?. If `yes`  
please provide details



## 8. Disease Surveillance and Vaccination Monitoring (proposed programme)

8.1 Please indicate regular monitoring program for

litter

Feed ingredients/compound feed

Water

8.2 Proposed programme for Hatchery monitoring (please annex)

8.3 Control program against *pullorum disease* and *fowl typhoid* (please state below)

8.4 Proposed vaccination schedule (please annex giving details on the age of vaccination, Type and strain of vaccines , method of administration etc )

8.5 Vaccination Monitoring Programme  
(Name of the disease to be monitored , age and the test to be specified).

Name of the disease	Age	Test
a.....	.....	.....
b.....	.....	.....
c.....	.....	.....
d.....	.....	.....

8.6 How do you expect to get laboratory services? (please state below)

## 9. Record Keeping

Type of record to be kept/maintained in the farm

- a .....
- b.....
- c.....
- d.....

## 10. Proposed Marketing Strategy

- a. Distribution of chicks

Area/s to be covered.....

Method of Distribution

- Directly to buyers ( )
- Through dealers ( )
- Only for outgrow farmers ( )
- Any others.....

## 11. Annexes (following documents to be annexed)

- a. Clearance certificate from the Environmental Authority
- b. A sketch of the land indicating boundaries
- c. Laboratory reports on microbiological quality of water.
- d. Design of the Hatchery ( a labeled sketch )
- e. A lay-out of the farm labeling each unit/s
- f. Design of a poultry houses with dimensions
- g. Hatchery. Monitoring Programme
- h. Vaccination Schedule in including the type, strain of vaccine, age and method of administration
- i. Vaccination Monitoring Programme

**SECTION B**

*(To be filled by the Govt. Veterinary Surgeon of the area)*

Director General  
Department of Animal Production and Health  
Peradeniya

This is to certify that :

- a. The propose site was visited by me and the nearest poultry operation is located .....m/km from the proposed site;
- b. The applicant is knowledgeable / not knowledgeable and experienced/not experienced in poultry farming.

In my opinion this application could be / not be considered

Name of the Veterinary Surgeon. Dr.....

Veterinary Office.....

Date of Visit .....

Signature.....

Date.....

Official Stamp

**SECTION C***(To be filled by the Veterinary Consultant)*

Director General  
 Department of Animal Production and Health  
 Peradeniya

1. Name of the Consultant :.....
  
2. Qualifications :.....
  
3. Work experience ; as an advisory capacity for poultry breeders or commercial poultry farms.

I do hereby agree to provide technical back-up services to this proposed breeder farm with regular visits to the farm and advise on the disease prevention, control and monitoring programme to be implemented by the farm.

Name: Dr .....

Signature :.....

Date .....

**SECTION D**  
*(For office use only)*

Director General  
Department of Animal Production and Health  
Peradeniya

**Observations and Remarks :**

1. In my opinion, this application can/cannot be recommended .
2. If not recommended : reasons.

Name of the Authorized Officer :

Designation :

Signature :

Date of Visit :  
:

**Approval of the Director General :**

Signature.....

Date.....

Official Stamp

My doc/ br,check list