

ANIMAL DISEASE ACT NO 59 OF 1992
APPLICATION FOR RENEWAL OF REGISTRATION/ NEW REGISTRATION
FOR MAINTENANCE OF A HATCHERY
(For each site separate format should be filled)

1. Name of the Applicant

.....

2. Address

.....

.....

.....

Contact Nos:

E-mail :

3. Establishment of the Hatchery

3.1. Address:

.....

.....

Tel:.....

Fax:.....

.....

E mail:.....

3.2. GPS Location :

3.3. Name of the consultant & TP No :

.....

4. Year of Registration is required :

5. Details of registration previously given

5.1. Year

5.2. Registration No

6. I certify that all periodic returns as requested by the Director General / AP & H have been regularly sent by me during the year.

7. I have made improvements /carried out instructions as given by the Director General/AP & H (details given below), during the year..... the farm was registered and operating.

a. Improvements made:

.....

.....

b. Instructions carried

out:.....

.....

.....
Signature of the Applicant

.....
Date

(This application should be submitted to Director/ Veterinary Regulatory Affairs Division, Department of Animal Production and Health, P.O.Box:13, Gatambe, Peradeniya.)

ANIMAL DISEASE ACT NO 59 OF 1992
APPLICATION FOR RENEWAL OF REGISTRATION/ NEW REGISTRATION
FOR MAINTENANCE OF A POULTRY BREEDER FARM FOR YEAR
(For each site separate format should be filled)

1. Name of the Applicant

.....

2. Address

.....

.....

.....

Contact Nos:

E-mail :

3. Type of operation conducted and the stage of operation conducted:

(a)Layer Parent/Broiler Parent / Grand Parent

(b)Grower stage/ Layer stage

4. Establishment of the Breeder Farm

4.1. Address:

.....

.....

Tel:.....

Fax:.....

.....

E mail:.....

4.2. GPS Location :

4.3. Name of the consultant & TP No :

.....

5. Details of registration previously given

5.1. Year

5.2. Registration No

6. Veterinary Surgeon

6.1. Veterinary surgeon's Range :

6.2. Veterinary Investigation Officer's Range :

6.3. Grama Niladari Division :

I certify that the particulars furnished above are true and correct.

I agree to submit periodic returns as requested by the Director General / AP & H will be regularly submitted during the year

.....
Signature of the Applicant

.....
Date

(This application should be submitted to Director/ Veterinary Regulatory Affairs Division, Department of Animal Production and Health, P.O.Box:13, Gatambe, Peradeniya.)