



Chick Passport



Hatchery name and address: _____

_____ Postcode: _____

Species (please circle): Pheasant / Partridge / Duck / Other (please state): _____

Breed: _____

Source of eggs / day old chicks (please state): _____

Hatch date ____/____/____ Veterinary Practice: _____

Lab testing performed (please state):

Test date	Age of birds	No of birds tested in batch	Reason for test signs of disease	Test type	Results

Veterinary records:

Date of administration	Product given (including vaccine)	Quantity	Treatment duration	Reason for treatment	Withdrawal Period

Vet comments: _____

Date and time of dispatch ____/____/____ at: _____

Start of journey: ____/____/____ at: _____

Total number of chicks transported to client site: _____ Dead on arrival: _____

Delivery address: _____

_____ Postcode: _____

Arrival date and time: ____/____/____ at: _____

Driver / handler name: _____ Registration number of delivery vehicle: _____

Weather on delivery (please state): _____ Comments on delivery: _____

Signed (hatchery): _____ Date: ____/____/____

Signed (client): _____ Date: ____/____/____

Welfare of Animal During Transport Cert. No. (please state): _____

Additional comments: _____
