

**EXPORT OF U.S. DAY-OLD POULTRY AND HATCHING EGGS TO FRENCH POLYNESIA
(DUCKS, GEESE, GUINEA FOWL, QUAIL, AND PHEASANT)**

The following information is to be endorsed and accompany a VS form 17-6.

1. The United States is free from Egg Drop Syndrome-76 (EDS-76).
2. Export from _____ (location) on _____ (date) and date of inspection (in the past 31 days) _____ (date)
3. The poultry in this shipment originate from a country or a zone¹ compliant with OIE code requirements as free from Newcastle disease and notifiable avian influenza (NAI) which covers highly pathogenic and low pathogenic H7 and H5 viruses as defined in the OIE code and have not come into contact with wild birds at risk for these diseases.
4. Within 6 months prior to export, the breeder flocks have been subjected to official tests and found negative for *Salmonella spp.*
5. Within 31 days prior to export, the breeder flocks have been subjected to official tests and found negative for avian influenza including low pathogenic strains
6. Breeder flocks and hatcheries of origin have had no clinical evidence of the following disease in the last 6 months: infectious bursal disease, avian influenza, salmonellosis, avian tuberculosis, fowl pox, pasteurellosis and (delete as applicable)
Ducks: duck viral hepatitis, duck viral enteritis
Muscovy ducks and geese: duck viral hepatitis, duck viral enteritis, Derzsy's disease and reovirus infection
Guinea fowl, quail : avian encephalomyelitis
Pheasant : avian encephalomyelitis, infectious laryngotracheitis and flecked spleen
7. The poultry in this shipment have not received any live vaccine. If Marek's disease, infectious bursal disease, fowl pox or avian bronchitis vaccine are administered, a live vaccine may be used. All vaccines given must be listed: _____.
8. The hatchery from which the eggs originated is officially NPIP approved.

Hatchery/Accredited Veterinarian

_____ (Name) _____ (date)

Federal Veterinarian

_____ (Name) _____ (date)

¹ Zone is defined as county.