FORM BSM05/001:
FLOCK MOVEMENT PASSPORT

FLOCK MOVEMENT PASSPORT FOR MOVEMENT OF OSTRICH FLOCK FROM ONE REGISTERED FARM TO ANOTHER REGISTERED FARM

Conditions of issuing

1. This Flock Movement Passport must be completed by the owner of the ostriches (consignor) when ostriches move from one registered farm to another registered farm.
2. Dispatching farm must be classified and registered to move ostriches to another farm and receiving farm must be classified and registered to receive ostriches from another farm.
3. The Flock Movement Passport must accompany the ostriches from farm of origin to farm of destination.
4. The Flock Movement Passport must be kept on the farm of destination for at least 5 years and must be made available on request to the PSV or other official auditors.
5. A copy of the Flock Movement Passport must be kept on the farm of dispatch for at least 5 years.

DETAILS OF DISPATCHING FARM

Registration Number: ☐☐/☐☐☐/☐☐☐/☐☐☐

Farm Name:

Owner Signature:

DETAILS OF RECEIVING FARM

Registration Number: ☐☐/☐☐☐/☐☐☐/☐☐☐

Farm Name:

Owner Signature:

DETAILS OF OSTRICHES TO BE MOVED

Flock Register No: ☐☐☐☐/☐☐☐☐☐☐/☐☐☐

Date into holding camp: Holding Camp Nos:

Veterinary Treatments applied:

Average ostrich age ☐ months Number of ostriches in flock: Page ☐ of ☐

CONFIRMATION OF MOVEMENT

Flock Movement No: ☐☐☐☐/☐☐☐☐☐☐/☐☐☐☐☐

Date FMNo received Date ostriches moved:

Vehicle Reg No: Number of ostriches moved:

Number of ostriches dead: Number of ostriches left behind:

	Tag No	Sampled	Left behind	Died		Tag No	Sampled	Left behind	Died		Tag No	Sampled	Left behind	Died		Tag No	Sampled	Left behind	Died		Tag No	Sampled	Left behind	Died
1					31					61					91					121				
2					32					62					92					122				
3					33					63					93					123				
4					34					64					94					124				
5					35					65					95					125				
6					36					66					96					126				
7					37					67					97					127				
8					38					68					98					128				
9					39					69					99					129				
10					40					70					100					130				
11					41					71					101					131				
12					42					72					102					132				
13					43					73					103					133				
14					44					74					104					134				
15					45					75					105					135				
16					46					76					106					136				
17					47					77					107					137				
18					48					78					108					138				
19					49					79					109					139				
20					50					80					110					140				
21					51					81					111					141				
22					52					82					112					142				
23					53					83					13					143				
24					54					84					114					144				
25					55					85					115					145				
26					56					86					116					146				
27					57					87					117					147				
28					58					88					118					148				
29					59					89					119					149				
30					60					90					120					150				

DETAILS OF BLOOD / PCR SAMPLING

Date sampled: No of blood samples: No of PCR samples:

DECLARATION BY OFFICIAL TAKING BLOOD / PCR SAMPLES

I confirm that I personally took the ☐ blood samples and the ☐ PCR samples from the Flock Registration Number as indicated on this Flock Movement Passport, that I personally and without interference selected each ostrich that was sampled, that all ostriches selected & sampled were fitted with an ID tag that was already entered in the Flock Movement Passport and that the number of ostriches available for sampling were the same as entered into the Flock Movement Passport (less reported mortalities).

Name: Signature:

DETAILS OF OSTRICHES THAT DIED

Tag No:	Reason for mortality