



ANIMAL DISEASE MONITORING COMPLIANCE CERTIFICATE APPLICATION FORM

A. Type of Application: New Renewal Previous ADMCC No.: _____

B. Name of Animal Facility: _____

C. Animal Facility Registration No. _____ Validity Date: _____

D. Address of Facility: _____

E. Type of Operation: Breeder Commercial

F. Species: Poultry
 Non-poultry
 Swine
 Goat / Sheep
 Cattle
 Others (specify): _____

G. Type of Poultry Production
 Layer
 Broiler
 Quail
 Duck

H. Specific Non-poultry
 Gamefowl
 Pigeon
 Aviary

I. Date of Inspection: _____

J. Required documents (to be submitted with the application form)

- Valid Animal Facility Registration
- Inspection Report from the Veterinary Services
- Vaccination and Medication Program (signed by the farm veterinarian)
- Laboratory Test results
 - Avian Influenza
 - Salmonellosis
 - PRRS
 - PRV/Aujeszky's
 - Brucellosis
 - CAE
 - Bluetongue
 - Paratuberculosis
 - Tuberculosis
 - Other test/s: _____

Name of Applicant/Authorized Representative (encircle one): _____

Email: _____ Contact No.: _____

Please do not write below the line

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(To be filled up by AHWD personnel ONLY)

Evaluated by: _____ Date/Time: _____

Endorsed to: _____ Date/Time: _____