

FORM B
Government of Karnataka
Department Of Animal Husbandry and Veterinary Services
VACCINATION CERTIFICATE FOR POULTRY

Certificate No. (unique vaccination certificate number):

Valid from (date of vaccination):

To (date till valid):

This is to certify that the Poultry of the following description have been vaccinated against----- (name of the disease or diseases) on----- (date of vaccination) by using a vaccine the details of which are given below:-

Details of Vaccinated Poultry

Poultry species:

(chicken, duck, quail etc.)

Poultry type:

(Day Old Chicks, layers, broilers, breeders etc.)

No. of birds vaccinated:

(number immunized)

Marking details for identification of vaccination:

(painting, wing/leg band etc.)

Owner details

Name of the owner:

Address of the owner:

Owner's contact Phone number:

Commercial poultry establishment:

(yes/no)

Backyard poultry:

(yes/no)

Details of Vaccination

Name of the vaccine:

(vaccine, name)

Vaccine production date:
(date of production of the used vaccine batch)
Type of vaccine:
(live, inactivated, adjuvant type)
Vaccine expiry date
(expiry date of the vaccine batch used)
Vaccine batch No:
(batch no. of the vaccine)
Vaccinated by:
(name of the agency)
Name of the manufacturer:
(vaccine manufacturer's name)
Vaccinated by:
(name of the vaccinator)

Vaccination Certificate Issue Details

Date of issue:	Signature
Place of issue:	Name:
	Designation:
	Qualification:
	KVC No:
	Office Seal: