

## Application for Registration of a Poultry Premises Form PR 1 2017 (Page 1 of 3)

*Only one individual may be nominated in the role of the “keeper” of the poultry and that person will be legally responsible for the health and welfare of the poultry. A “Keeper” is the individual responsible, even on a temporary basis.*

Keeper Name		Owner Name (if different)	
Keeper Address	_____ _____ _____	Owner Address	_____ _____ _____
EIR Code		EIR code	
*Phone Number	Mobile _____ Landline _____	*Phone Number	Mobile _____ Landline _____
*E-mail address	_____ _____	*E-mail address	_____ _____
Date of Birth	/ /	Date of Birth	/ /
Keeper PPSN		Owner PPSN or VAT	

**\*I AM AWARE THAT ALL PREVIOUS MOBILE, EMAIL AND EIRCODE DETAILS WILL BE REPLACED BY THIS NEW INFORMATION. I HEREBY GRANT PERMISSION TO THE DEPARTMENT OF AGRICULTURE, FOOD AND THE MARINE TO USE THESE DETAILS FOR FUTURE BUSINESS NOTIFICATIONS AND ALERTS.**

1. **Address** of poultry premises \_\_\_\_\_

\_\_\_\_\_

**GPS co-ordinates** of poultry premises:

\*\*Latitude (°N )  Longitude (°W )

**\*\* If available, see attached aide memoire for information on how to obtain co-ordinates**

2. Please list any other **herd numbers** registered in your name (cattle, sheep, goats etc)

\_\_\_\_\_

3. Proposed / updated **number of poultry** on premises: \_\_\_\_\_

**Number of houses** on site: \_\_\_\_\_

4. From whom are birds **sourced** (name and address): \_\_\_\_\_

\_\_\_\_\_

5. Please indicate the **type of activity** proposed

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| (a) Placing of <b>live poultry, meat or eggs</b> on the market (selling)                      | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Solely for <b>consumption by persons on the holding</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) For supply without payment for <b>consumption by other persons</b> (e.g. family, friends) | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) <b>Other</b> – please specify _____   |                          |                          |

6. **Type of Enterprise** involved:

Tick all relevant boxes

- Farm:  Broiler  Egg Producer  Egg packing:  Dealer:  Local market:  Small abattoir:   
Open Pet Farm:  Backyard:  Game:  Pet Shop:  Aviary:  Zoo:  Fancy fowl:  Ratite  
 Racing/breeding pigeons:  Quarantine:  Hatchery  (state incubator capacity)

Other (please specify):  \_\_\_\_\_

7. **Type of Birds** on the premises:

- Chickens:  Turkey:  Duck:  Geese:  Ostrich:  Quail:  Guinea fowl:   
Pheasant:  Partridge:  Pigeon:  Other (please specify) \_\_\_\_\_

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Signature of Keeper: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Print Name: \_\_\_\_\_

**Declaration/Agreement.**

I, the undersigned, hereby apply for registration of a poultry premises under SI 114 of 2014 and where applicable registration of a food and feed business under SI 432 of 2009 and make the following declaration under the Statutory Instruments:-

- (a) I undertake to comply with the statutory requirements for keeping poultry holding records
- (b) I will fulfil the provisions of the **Animal Remedies Act and Regulations** and, in particular, keep an animal remedies record as provided for in the regulations;
- (c) I will comply with the statutory requirements relating to animal welfare and animal feeding stuffs
- (d) I will comply with the statutory requirements relating to food and feed hygiene;
- (e) I will present poultry for sale and slaughter in clean condition;
- (f) I will dispose of fallen poultry in compliance with the regulatory requirements;
- (g) I will inform DAFM of any diseases or abnormal conditions in the flock and I will make available all records relating thereto;
- (h) I have not withheld any information relevant to approval.
- (i) I undertake to comply with all these requirements and conditions and I will notify the Regional Veterinary Office of any material changes in regard to the flock or holding which may affect approval for any flock number granted;
- (j) I hereby agree to facilitate the carrying out of any official tests or inspections required on my poultry holding / animal(s) from time to time in connection with **Disease Eradication Schemes** of the Department of Agriculture, Food and the Marine;
- (k) I will notify DAFM if there are any material changes to the information provided herewith

It is also expressly agreed and understood that the carrying out of any sampling, tests or inspections for any official Department purpose is **WITHOUT LIABILITY OF ANY KIND ON THE PART OF THE VETERINARY PRACTITIONER OR THE MINISTER FOR AGRICULTURE, FOOD AND THE MARINE OR HIS/HER EMPLOYEES.**

*I declare that all the information provided by me in connection with this application is accurate, complete and true to the best of my knowledge, information and belief and that I am at least 18 years of age.*

Signature of keeper:- \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**All applicants must at least 18 years of age**

Please return original form, completed and signed to your local [Department of Agriculture Food and the Marine office](#). Find contact details of your [Local Regional Veterinary Office](#) here.