



Agri-Food & Veterinary Authority of Singapore

52 Jurong Gateway Road #14-01 Singapore 608550

Fax: (65) 6334 1831

Internet Website: <http://www.ava.gov.sg>

APPLICATION FOR EXPORT OF LIVE BROILERS TO SINGAPORE

Note:

This guideline sets out the information on broiler farms required by Agri-Food and Veterinary Authority (AVA), for evaluation to export live chickens and ducks to Singapore for slaughter.

Complete information must be provided, as inadequate/incomplete submission will result in delays in processing.

Please feel free to include any additional information to support your application.

A) PARTICULARS OF COMPANY

Name of Company			
Names of owner (s)			
Company address			
Unit no			
Street Name			
Post Code			
District / City			
State / Province			
Tel No.			
Fax No.			
Email Address			
Company profile			
Provide company organization chart and all other farms (e.g breeder farm, pullet farm, broiler farm, layer farm, etc) under same management if any:			
Farm Name	Type of farm	Location	Production capacity



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B) PARTICULARS OF FARM APPLYING FOR ACCREDITATION

Name of farm	
Name of owner	
Farm Address	
Unit no.	
Street Name	
Post Code	
District / City	
State / Province	
Tel No.	
Fax No.	
Email Address	

C) PARTICULARS OF FARM VETERINARIAN

Name of consulting / farm veterinarian	
Address	
Tel no.	
Fax no.	
Email address	
Qualifications & Date of Appointment to Farm	
<i>Please attach a copy of appointment letter</i>	

D) FARM STAFF

	Number of staff	Area of work
Veterinary and para-vets		
Managerial		
Worker		
Administration		
Others (please specify)		



E) LOCATION, LAYOUT OF FARM

Total area of farm (Ha)		
GPS Coordinates	Latitude	N/S _____ ° _____ ' _____ "
	Longitude	E/W _____ ° _____ ' _____ "
Location:		
a)	Attach a location map showing the surroundings where the farm is located	
b)	Any other poultry farm within the same area where the farm located?	
c)	What is the distance to the nearest poultry farms?	
d)	What is the distance to the public road from the farm?	
Poultry house:		
a)	Type of poultry house	* Closed house / open sided house
b)	Number and each type of house	
c)	Cooling system	*None (simple fans in house) / tunnel fan / tunnel fan & evaporative cooling pad / mist spray inside house
d)	Type of production system	*Multi-tiered cage system / barn system / others (please specify)
e)	Attach details of current flock status	As attached in Annex A

* delete where appropriate

F) SOURCE OF REPLACEMENT STOCKS AND PRODUCTION

Source of day-old-chicks	
a)	Name of supplier/breeder farm(s)
b)	Breed
Production	
a)	No. of weeks per production cycle
b)	No. of batches of bird intake per cycle
c)	Maximum age difference of the birds within the cycle
d)	No. of production cycle per year
e)	Duration for spelling period
f)	No. of weeks for cleaning and resting of broiler houses/sheds



g) Floor space provided for each bird (sqm/bird)	
h) Marketing age (week) of birds	
i) Average market body weight of male (kg)	
j) Average market body weight of female (kg)	
k) Feed conversion rate	
l) % cull / mortality rate during growing period	
m) Total number of birds produced per cycle	
n) Attach a copy of current production records	

G) FARM BIOSECURITY AND HYGIENE

1) Describe the farm's biosecurity programme, i.e. biosecurity and sanitation control measures carried out in the farm, eg. movement of animals, personnel, vehicles, control of feed and medication, etc.
2) Provide photographs of the following:
a) Facilities for disinfection of vehicles entering the farm and production area
b) Workers and visitors' changing / shower room, foot-dip at entrance to production area
c) Foot-dip at entrance to each poultry house
d) Perimeter fence of farm
e) Fence and gate show proper separation between production and non-production area
f) Worker quarters
g) Internal and external view of poultry houses
h) Drainage system
i) General view of farm

H) HEALTH PROGRAMME

Vaccination regime:			
Age (week / day)	Type of Vaccines (with strains and manufacturer)	Method of application	Vaccination for (disease)



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Medication / prophylaxis programme:		
Age of use (week / day)	Type used and dosage	Control for (disease)

Type of disinfectants / sanitizers used:		
Point of use (e.g vehicle, foot path, personnel etc.)	Type of disinfectant	Concentration used

Attach disease monitoring programme (e.g <i>Salmonella</i> Enteritidis (SE) and Vancomycin-resistant Enterococcus (VRE), etc.)			
Type of disease monitoring	Age in week of sampling	Type of samples (e.g fecal swab, type of organs, etc.)	Sample size (no. of sample)

Attach copies of laboratory reports of the tests.

I) SOURCE OF ANIMAL FEED

i. Type of feed and feeding duration	
a) Starter	
b) Grower	
c) Finisher	
ii. Source / supplier of feed	
a) Starter	
b) Grower	
c) Finisher	
iii. Provide list of ingredients and composition in feed	



iv. Provide list of feed additives, manufacturer, % concentration and purpose of use	
v. Provide photographs showing condition of feed store	

J) WATER SUPPLY

i. Source of supply	* PUB / underground / well / pond / other (please specify)	
a) For drinking		
b) For washing		
ii. State chlorine level in ppm if treated with chlorine		ppm
iii. Attach copy of analytical results (if any) of drinking water for microbiology and heavy metal if water supply is not from Public Utility		
iv. Provide photographs of water supply system (pond, underground water system, water storage tank, water treatment facilities, etc)		

K) WASTE TREATMENT / DISPOSAL

i. Methods of treatments / disposal (incineration/pit/bury/sale) and frequency	
a) Dead birds	
b) Manure	
c) Farm waste	
d) Others	
ii. Provide photographs of disposal system / site	

L) PEST CONTROL MEASURES

i. Methods and chemicals used for pest control	
a) Flies	
b) Rodents	
c) Wild Birds	
d) Stray Animals	



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M) DECLARATION BY ESTABLISHMENT

I declare that the information given above is true and correct

Name and designation of person who submitted above information

Signature and Company Stamp

Date

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N) VERIFICATION BY VETERINARY AUTHORITY

I have verified the above information given by the company and certified that they are true and correct.

Name and designation of veterinarian who verified above information

Signature and Official Stamp
Of Veterinary Authority

Date

BROILER / DUCK HOUSES AND FARM FLOCK DETAILS

House No.	Length (M)	Width (M)	Total floor area (m ²)	Breed	Source of chicks / duckling supplier	No. of chicks / ducklings ('000)	Floor space per bird (m ²)	House Type (ECC/Bird-proofed /Open-sided)	Remarks
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									

Maximum Farm capacity		Name and address of Breeder source(s)
Number of broilers export		