

**Particulars of the ostriches to be moved to: (abattoir name):** \_\_\_\_\_

The identification numbers of individual ostriches must be provided.

1. Date of movement: \_\_\_\_\_
2. Compartment name and registration number: \_\_\_\_\_
3. Number of ostriches to be moved: \_\_\_\_\_
4. Treatments applied: \_\_\_\_\_
5. Date of treatment: \_\_\_\_\_
6. Vaccination certificate nrs: \_\_\_\_\_

**Individually identified ostriches:**

	Ostrich identification number		Ostrich identification number		Ostrich identification number		Ostrich identification number
1		26		51		76	
2		27		52		77	
3		28		53		78	
4		29		54		79	
5		30		55		80	
6		31		56		81	
7		32		57		82	
8		33		58		83	
9		34		59		84	
10		35		60		85	
11		36		61		86	
12		37		62		87	
13		38		63		88	
14		39		64		89	
15		40		65		90	
16		41		66		91	
17		42		67		92	
18		43		68		93	
19		44		69		94	
20		45		70		95	
21		46		71		96	
22		47		72		97	
23		48		73		98	
24		49		74		99	
25		50		75		100	

**Signature of owner/manager:** \_\_\_\_\_

**Official stamp:**