

REGISTRATION FORM FOR NON-PROFESSIONAL OPERATORS

Last name and first name: _____

Phone number (optional): _____

Address: _____

Country: _____

Location of the establishment and description of its facilities:

Number of animals kept/year on the establishment [fill in the table below]:

	<i>Day-old chicks</i>	<i>Young poultry (4-6 week old)</i>	<i>Adults</i>	<i>Other (specify)</i>
<i>Gallus (meat)</i>				
<i>Gallus (eggs)</i>				
<i>Turkey</i>				
<i>Guinea fowl</i>				
<i>Duck</i>				
<i>Goose</i>				
<i>Quail</i>				
<i>Other (including ornamental birds)</i>				

Capacity of the establishment: _____

Type of establishment: _____

Any other aspects of the establishment relevant for the purpose of determining the risk posed by it:

(including destination of the animals, e.g. own-consumption or trade, direct sales, markets, fairs...)
