

GOVERNMENT OF ASSAM
OFFICE OF THE DEPUTY DIRECTOR
A.H. & VETERINARY DEPARTMENT, BCPP SCHEME, GUWAHATI –22

No. BCPP(K)/Misc/2015-16/571

dated Khanapara the 11th Feb/16

From,

Dr. Paresh Ch. Sarma, Deputy Director
AH & Veterinary Department, BCPP Scheme
Khanapara, Guwahati-22

To:

The Director,
A. H. & Vety Deptt., Assam
Chenikuthi, Guwahati-3

Sub: Prevention and Control of Infectious and Contagious Diseases in Animals Act, 2009, Framing of the Rules under section 43(1) thereof

Ref: Govt letter No. VFV. 195/2011/62 dt 11th June/14

Sir,

With reference to the subject cited above I have the honour to inform you that the draft rules and various forms needed to be enacted under section 43(1) by the State Government under the Prevention and Control of Infectious and Contagious Diseases in Animals Act, 2009 submitted earlier is by our department not in the line of conformity with the guidelines from Govt. of India as intimated telephonically by the Deputy Commissioner, Animal Husbandry, Dairying & Fisheries, Government of India.

I am enclosing a draft (prepared as per advise of the Deputy Commissioner, Animal Husbandry, Dairying & Fisheries, Government of India) for your reconsideration and also request you to be kind enough to forward the same to the Animal Husbandry, Dairying & Fisheries, Government of India through the Govt. routing it through the legal department for approval thereof. The same is to be notified in |State Gazette after obtaining approval from the Animal Husbandry, Dairying & Fisheries, Government of India.

This is for favour of your kind information and necessary action.

Enclosed: As stated

Yours faithfully,



Deputy Director
A.H. & Veterinary Department
BCPP Scheme, Khanapara, Guwahati – 22

THE ASSAM PREVENTION AND CONTROL OF INFECTIOUS AND CONTAGIOUS DISEASES IN ANIMALS (CHECK POST/ QUARANTINE CAMP, MANNER OF INSPECTION, FORMS FOR VACCINATION, POSTMORTEM ETC) RULES, 2016

TABLE OF CONTENTS

1. Title
2. Definitions
3. Manner of inspection and period of detention at a check post or at quarantine camp
4. Form of permit to be granted by officer in charge of quarantine camp
5. Form- A Entry permit
6. Form B Quarantine camp custody Acknowledgement
7. Form C Quarantine Release Permit
8. Form D Vaccination certificate for animals other than poultry
9. Form E Vaccination certificate for poultry
10. Form F Post Mortem Report for animals other than poultry
11. Form G Post Mortem Report for poultry

GOVERNMENT OF ASSAM
ANIMAL HUSBANDRY AND VETERINARY DEPARTMENT

NOTIFICATION

In exercise of the powers conferred by Section 43(1) of the Prevention and Control of Infectious and Contagious Disease of Animal Act 2009, the Government of Assam hereby make the following rules:

1. Short title and commencement
 - a. These rules may be called “The Assam Prevention and Control of Infectious and Contagious Diseases in Animal (Check post or Quarantine Camp, Manner of inspection etc.) Rules, 2016.
 - b. They shall come into force on the date of their publication in the Gazette of Assam
2. Definitions
 - a. In these rules, unless the context otherwise requires
 - i. “Act” means the Prevention and Control of Infectious and Contagious Diseases in Animal Act, 2009
 - ii. “Forms” means a form appended of these rules
 - iii. “Section” means Sections of the Act
 - b. Words and expressions used in these Rules and not separately defined above shall have the same meaning as in the Act.
3. The manner of inspection an the period of detention at a Check post or at Quarantine camp
 - a. In order to ascertain whether the animal is infected with any of the scheduled notified disease, the animal stopped at the check post or detained in the quarantine camp shall be inspected by the person in charge of check post or Quarantine camp for the following:
 - i. Movement and gait
 - ii. Behaviours (dullness, excited, depressed, normal etc)
 - iii. Body temperature
 - iv. Ulceration (in mouth, feet or udder)
 - v. Excessive discharges (lacrimation/ nasal/ vaginal)
 - vi. Sweating or shivering
 - vii. Skin conditions (dryness, alopecia, rashes)
 - viii. General weakness
 - ix. Bleeding from natural openings
 - x. Oedema or swelling in any part of the body
 - b. The person in charge of check post or quarantine station shall also collect the necessary samples for laboratory examination if required
 - c. The person in charge of check post or quarantine station may detain animals at the check post for a period not exceeding 12 hours for the purpose of inspection, compulsory vaccination and marking for identification etc.

- d. For the animal / poultry vaccinated at check post, the animal owner shall be given a vaccination certificate as required in section 9 of the act in the Form D or Form E which ever is applicable.
 - e. After examination of the animal, the officer in charge shall either allow entry of the animal to the notified control area by issuing Entry Permit in Form-A, appended with these Rules or transport the animals to Quarantine camp.
 - f. The cost of examining, vaccination, marking (ear tagging etc) of the animal or any other activities related to the animals at the check post shall be fixed by the Director of Animal Husbandry & Veterinary Department, Govt. of Assam from time to time an shall be borne by the animal owner.
4. Form of permit granted by the officer in charge Quarantine camp
- a. The Officer in charge of Quarantine camp will detain the following animals
 - i. Suffering from any scheduled notified diseases or
 - ii. Which had came into contact with or have been kept in proximity of animal infected with a scheduled notified disease or
 - iii. Transported by the in charge check post as detailed in 3 (e) or
 - iv. Of the species notified following section 10 of the Act while exiting from the infected area and shall subjected to a quarantine of 14 days on a quarantine camp
 - b. The officer in charge quarantine camp shall give an official acknowledgement to the animal owner for the animal detained in the quarantine camp in Form B
 - c. During quarantine, the animal (except poultry) shall be given identification mark (by ear tagging or applying any other suitable method).
 - d. In quarantine the animals shall be examined regularly at 12 hours interval for any scheduled disease. Animals shall be vaccinated against scheduled diseases and provided with veterinary treatment, if required. In case of vaccination a vaccination certificate should be issued to the animal owner in Form-D or Form E which ever is applicable as required under Section 9 of the Act
 - e. The cost of maintenance, treatment and vaccination of the animal during the quarantine shall be fixed by the Director, Animal Husbandry & Veterinary Department, Govt. of Assam from time to time an shall be borne by the animal owner.
 - f. After successful quarantine the officer in charge, Quarantine camp shall release the animals to the owner and also grant the Quarantine release Permit as per Form –C, appended with these Rules, under his signature, it will also serve as the entry permit as required in the Section 15 (2) of the Act
 - g. In case of death of animal in quarantine camp a post mortem examination is to be carried out and a certificate in Form F or Form G which ever is applicable will be issued to the owner.
5. The matter of any question of interpretation or doubt in relation these rules, the same shall be referred to the Director, Animal Husbandry & Veterinary Department, Govt. of Assam whose decision thereupon shall be final and binding.

Form -A
Government of Assam
Animal Husbandry and Veterinary Department, Assam

ENTRY PERMIT

(As required in Section 15 (2) of the Prevention and Control of Infectious and Contagious Diseases in Animals Act, 2009)

Permit No.

All the animals described below are found free from (notified scheduled disease name)..... disease and on this day (date) granted entry/ exit from/ to the (name of the controlled/ eradicated/ free area)

Details of check post						
Location (Location details of the check post)						
Name and address of the animal owner (Full name, village, Subdivision, Police station, district, state, PIN, phone No)						
Animal arrived from (from which village/ ton, district, state)						
Animal Destined for (Destination place, village/ town, district, state)						
Animal Details						
	Animal 1	Animal 2	Animal 3	Animal 4	Animal 5	Animal 6
Identification No (Tag no etc)						
Species						
Breed						
Approx age						
Skin Colour						
Vaccination certificate No						
Entry permit details						
Date of issue			signature			
Place of issue			Name of the issuing officer			
Place of issue			Designation IVPR Registration number			

Office seal

Form -B
Government of Assam
Animal Husbandry and Veterinary Department, Assam
(Under the Prevention and Control of Infectious and Contagious Diseases in Animals Act, 2009)

QUARANTINE CAMP CUSTODY ACKNOWLEDGEMENT

Certificate No. _____

All the animals described below have been taken in my custody on this day (date)
..... for a period of 14 days

Details of quarantine camp						
Location (Location details)						
Name and address of the animal owner (Full name, village, Subdivision, Police station, district, state, PIN, phone No)						
Animal arrived from (from which village/ ton, district, state)						
Animal Destined for (Destination place, village/ town, district, state)						
Animal Details						
	Animal 1	Animal 2	Animal 3	Animal 4	Animal 5	Animal 6
Identification No (Tag no etc)						
Species						
Breed						
Approx age						
Skin Colour						
Vaccination certificate No						
Quarantine camp custody Acknowledgement issue details						
Date of issue			signature			
Place of issue			Name of the issuing officer			
Place of issue			Designation IVPR Registration number			

Office seal

Form -C
Government of Assam
Animal Husbandry and Veterinary Department, Assam

..... Quarantine Camp..... District

Form of quarantine Certificate for release of animal from quarantine camp Under section 14 (4) of the prevention and control of Infectious and Contagious Diseases in Animals Act,2009

Certificate No.

Valid from: To

This is to certify that the animal of the following description has been kept under observation in the Quarantine camp under district for Days from to

Description of the animals/ birds	
Origin of the animals/ birds	
No of animals transported from the source	
No of animals/ birds died during transit	
Method of disposal of dead carcass during transit	
No of animals kept in quarantine	
No of animals released from quarantine	
Species	
Identification details if any	
Destination of the animals/ birds	
Owner/ transporter/ dealer details	
Name of the owner/ transporter/ dealer	
Full Address	
Phone number	
Purpose of transit	
Type of vehicle used for transport	
Vehicle Registration No	

Certified that the animals/ birds were apparently healthy at the time of release and are vaccinated against the notified and common prevailing diseases of Assam. The animals are tested and are found to be free from any disease conditions that are not prevalent in Assam.

Date of issue.....

Place of issue

Signature.....

Name and designation.....

IVPR Registration number

Official Seal

Form D
Government of Assam
Animal Husbandry and Veterinary Department, Assam
..... **District**

VACCINATION CERTIFICATE FOR ANIMALS OTHER THAN POULTRY
Under section 14 (4) of the prevention and control of Infectious and Contagious
Diseases in Animals Act,2009

Certificate No.

Valid from.....To.....

This is to certify that the animals of the following description has been Vaccinated against
(Name of the vaccine/ disease.....) on (date of vaccination
.....) as detailed below:

Description of the animal

Species Sex Age (Years)

Identification details (Tag no or other form of identification).....

Name of the owner.....

Address of the owner.....

Owner's contact Phone number.....

Details of Vaccination

Name of the vaccine..... Vaccine batch No.

Vaccine production date..... Vaccine expiry date.....

Type of vaccine (Live attenuated/ inactivated/ adjuvant).....

Name of the manufacturer..... Vaccinated by (Agency name).....

Vaccinated by (Name of the vaccinator).....

Date of Issue.....

Place of Issue.....

Signature

Name and designation

IVPR Registration number

Official Seal

Form E
Government of Assam
Animal Husbandry and Veterinary Department, Assam
..... **District**

VACCINATION CERTIFICATE FOR POULTRY
Under section 14 (4) of the prevention and control of Infectious and Contagious Diseases in
Animals Act,2009

Certificate No.

Valid from.....To.....

This is to certify that the poultry of the following description has been Vaccinated against
(Name of the vaccine/ disease.....) on (date of vaccination
.....) as detailed below:

Details of vaccinated Poultry

Poultry species	Poultry Type.....
(Chicken, duck, quail etc.)	(Day old, Breeder, Layer, Broiler)
No. of birds vaccinated.....	Marking details
(Number immunized)	(Wing paint, leg band)
Name of the owner	
(full name of the owner of the animal)	
Address of the owner	
(full address of the animal owner)	
Owner's contact Phone number.....	
Commercial poultry Establishment (Yes/no).....	Backyard Poultry (Yes No).....

Details of vaccination

Name of the vaccine..... Vaccine batch No.

Vaccine production date..... Vaccine expiry date.....

Type of vaccine (Live attenuated/ inactivated/ adjuvant).....

Name of the manufacturer.....

Vaccinated by (Agency name).....

Vaccinated by (Name of the vaccinator).....

Date of Issue.....

Signature

Place of Issue.....

Name and designation

IVPR Registration number

Official Seal

Form No-F
Government of Assam
Animal Husbandry and Veterinary Department, Assam
..... **District**

POST MORTEM EXAMINATION REPORT OTHER THAN POULTRY

Under section 14 (4) of the prevention and control of Infectious and Contagious Diseases in
Animals Act,2009

PM report No. PM conducted at (location).....
PM date..... PM time.....
Ref. by Ref date.....

Animal details

Species..... Breed..... Sex..... Age (years).....
Identification No./Mark..... Any other identification.....
Colour.....
History of illness and treatment

Date of death..... Time of death.....

Animal owner details

Name.....
Address.....
Contact number.....

External examination

Rigor mortis (present/ absent/ stage)
State of External orifices and discharges.....

Condition of the carcass

Hair coat..... Visible Mucous membrane
Udder/ Prepuce..... Wound/tumor (location and dimension).....
.....
Bones and Joints..... Other observation.....
.....

Internal examination

Thoracic Cavity

Ribs.....	Cartilage.....
Pleura.....	Diaphragm.....
Larynx.....	Trachea.....
Lungs.....	Bronchi.....
Lymph nodes.....	Pericardium.....
Endocardium	Myocardium.....
Aorta.....	Auricles.....
Ventricle.....	Oesophagus.....

Other observations.....
.....

Abdominal cavity

Peritoneum..... Lymph nodes.....

Fluid (colour quantity and consistency).....
Rumen/Stomach/Reticulum/ Omasum/ Abomasum
.....
Small intestine.....
Large intestine.....
Mesentery Portal veins.....
Liver.....
Gallbladder..... Pancreas.....
Kidney & Adrenals.....
Ureters..... Urinary Bladder.....
Spleen.....
Other observations.....
.....

Pelvic cavity

Testicle..... Epididymis.....
Spermatic cord..... Scrotum.....
Prostrate..... Penis.....
Vulva..... Cervix.....
Vagina..... Ovary.....
Uterus.....
Other observations.....
.....

Head and Neck

Scalp..... Skull bones.....
Meninges..... Brain.....
Spinal cord..... Cervical vertebra.....
Thyroids/Parathyroids.....
Other observations.....
.....

Specimen collection details

Specimen type.....
Specimen identification Number(s).....
Preservatives used.....
Tests required.....
Laboratory name and address.....
.....
Special observation or abnormalities.....
.....

Opinion as to the probable cause of death.....
.....

PM report issue reference No.

Date of Issue.....

Signature

Place of Issue.....

Name and designation

IVPR Registration number

Official Seal

Form G
Government of Assam
Animal Husbandry and Veterinary Department, Assam
..... **District**

POST MORTEM EXAMINATION REPORT FOR POULTRY
Under section 14 (4) of the prevention and control of Infectious and Contagious Diseases in
Animals Act,2009

PM report No.	PM conducted at (location).....
PM date.....	PM time.....
Ref. by	Ref date.....
Date of Death.....	Time of death

1. Details of poultry

Species..... Breed.....Age..... Sex.....
Total flock number..... No of poultry died.....
Number of dead birds on which PM was conducted.....
Identification mark/number if any.....
History of illness and treatment.....
.....

2. Owner details

Name of the owner.....

Address of the owner.....

Owner's contact Phone number.....

3. Nutritional details

4. Post Mortem details

(a) External appearance.....
(b) Subcutaneous tissue and musculature.....
(c) General observations after opening the carcass.....
.....
(d) Respiratory system.....
(e) Cardiovascular system.....
(f) Digestive system.....
(g) Urinary system.....
(h) Genital system.....
(i) Immune system.....
(j) Nervous system.....
(k) Miscellaneous observations.....
.....

5. Opinion as to the probable cause of death.....
.....

6. Specimen collection details

Specimen type with numbers.....
Tests required.....
Laboratory name and address.....
.....

PM report issue reference No.

Date of Issue.....

Signature

Place of Issue.....

Name and designation

IVPR Registration number

Official Seal