



# FLOCK INFORMATION REPORTING FORM

VERSION 7.0b

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Producer/Enterprise Name

Producer Code/Quota

Placement Date of Chicks/Poults

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Barn #      Species      Category/Sex      Age of Birds      # Birds Placed      Birds Shipped      Mortality Rate (%)      Kg/Bird

CFC OFFSAP/TFC OFFSP Certification:  Yes  No      Grow-out Density:   kg/m<sup>2</sup>  lb/ft<sup>2</sup>  kg/ft<sup>2</sup>  space/bird

SECTION A - MEDICATION AND VACCINE INFORMATION		If Yes:
1. Were medications or vaccines administered at the hatchery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A, B, D, E *
2. Were vaccines administered on-farm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A, B, D, E
3. Were any <u>non-treated</u> diseases or syndromes diagnosed during the flock?	<input type="checkbox"/> Yes <input type="checkbox"/> No	G
4. Were any medications administered for treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A through G *
5. Did the rations prior to shipment (in the last 7 days for chickens or in the last 14 for turkeys) have any feed medications with a withdrawal period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A, D, E*
6. Were any extra-label medications used in the feed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A through E *
7. Were any Category I medications (e.g., ceftiofur - Excenel™, enrofloxacin - Baytril™) used on-farm in a <u>preventive</u> manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A through F *

\*Attach prescriptions for all extra-label medication use

RECORD ANY "YES" ANSWERS IN THE TABLE BELOW (USE THE GUIDE ABOVE TO FILL IN THE COLUMNS):

Question # (i.e. 1-7 above)	(A) Medication or Vaccine Name	(B) First treatment date	(C) Last treatment date	(D) Withdrawal Period (days)	(E) Safe marketing date (if any)	(F) Dose	(G) Disease or Syndrome & flock recovery (initials)

## SECTION B - FEED WITHDRAWAL AND LOADING INFORMATION

Planned catching time:	M	D	Time	AM	PM	Actual start of catching:	Time	AM	PM		
Planned processing time:	M	D	Time	AM	PM	Time of last access to water:	Time	AM	PM		
Was the feed supply disrupted in the last 48 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No						Feed withdrawal time provided by processor:	Time	AM	PM		
Time feed was no longer accessible:	M	D	Floor #1 Time	AM	PM	Floor #2 Time	AM	PM	Floor #3 Time	AM	PM

Additional Comments: \_\_\_\_\_  
 Provide any additional comments on flock condition during the brooding/grow-out period and/or the catching process on a separate sheet of paper if desired.

I confirm that, to the best of my knowledge, the information contained on this flock information reporting form is accurate and complete and that any diseases that were diagnosed in the flock as a result of laboratory tests and/or readily observable clinical signs have been identified and reported on this form, and that I have followed required withdrawal times as per the veterinary prescription, labeling indication and/or feed mill instructions.

Producer's Signature: \_\_\_\_\_

Note: This information is confidential between the producer and the processor.