





## **FLOCK INFORMATION REPORTING FORM**

**VERSION 8.0** 

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	Producer/E	nterpi	rise Name				Producer	Code/	Quota/Premises	ID Place	ment Date	of Chicks/Po	oults
Barn #	Species C	atego	ory/Sex	Age	of Bire	ds # Bird	s Placed	l L Bir	ds Shipped	Mortality	/Rate (%)*	* Kg/B	ird
												_	
CFC OFFSAF	P/TFC OFFSP Certification:	∐ Y	es No	G	row-0	out Density:			kg/m²	lb/ft² [_]	kg/ft² [_]	space/bird	
	SECTION A - I	MEC	OICATIO	N AND	VAC	CCINE INFO	RMATIC	N				If Yes:	
Were medications or vaccines administered at the hatchery?**										Y	es 🗌 No	A throu	ugh F*
2. Were vaccines administered on-farm?**										Y	es 🗌 No	A throu	ugh G*
3. Were any medications administered for treatment during the flock?**										Y	es No	A throu	ıgh H*
4. Were any non-treated diseases or syndromes diagnosed during the flock?**										Y	es 🗌 No	Н	
5. Were any medications with a withdrawal time used in the last 14 days prior to shipment?										Y	es 🗌 No	A throu	ıgh G*
6. Were any extra-label medications used?**										Y	es No	A throu	ıgh F*
7. Were any Category I medications (e.g., ceftiofur - Excenel <sup>TM</sup> , enrofloxacin – Baytril <sup>TM</sup> )										Y	es 🗌 No	A throu	ıgh G*
used on-farm in a preventive manner?  **For mature turkeys, this information must be provided for the last 120 days of life.  *Attach prescriptions for all extra-													
**For mature	e turkeys, this information mus	t be p	rovided for	the last 1	.20 da	ys of life.			*Attach pi	rescriptions	for all extra	a-label medica	tion use
	RECORD ANY "YES"	" AN	SWERS II	N THE TA	ABLE	BELOW (USE	THE GUII	DE AB	OVE TO FILL IN	THE CO	LUMNS):		
Question	(A)	(B)		(C)		(D)	(E) Withdrawal		(F) Safe	(G		(H)	
# (i.e. 1-7 above)	Medication or Vaccine Name	Route (i.e. feed, water,		First treatment		Last treatment			Marketing	g Do	Dis	ease or Sync ock Recover	
		,	ection etc.)	date		date	(days)		Date (if an	<b>'</b> )			,
	SEC	TIO	N B - EF	FD W/I	THD	ΡΑΜΑΙ ΔΝ		ING	NFORMATION	)N			
				VVI		AM	שאטבע	1140 I		<b>31</b> 1			AM
Planned catching time:		M D		) Time			Actual start of catching:					Time	PM
Planned processing time:		M D		) Time		AM PM	Time of last access to water:					Time	AM PM
												AM	
Was the feed supply disrupted in the last 48 hours?							ed by pro	cessor:	Time	PM			
Time feed was no longer accessible			М	D		Floor#1Time	AM PM Floor#2Time AM		M PM	Floor#3T	ime AM	PM	
Additional Co	mments:ditional comments on flock cond	••••	d od o do d				the control of						

Producer's Signature: \_\_\_\_\_ Note: This information is confidential between the producer and the processor.

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.

## INSTRUCTIONS TO COMPLETE THE FLOCK INFORMATION REPORTING FORM - VERSION 8.0

This form covers broiler chickens, turkeys and turkey breeders. Flock information (except # birds shipped) and Section B must be sent to the processor 3-4 days prior to shipment. Use one form per flock when all flock information is identical; use additional forms when flock information is not identical. There is no specific order of coloured pages to send or keep. Ensure to keep a copy in your farm records. When multiple truckloads are sent to the same processor, only one flock sheet is required and it should accompany the first load. When shipments from one barn are to be sent to different processing plants, each processing plant shall receive an advance copy and a completed version of the flock sheet. This also applies to "tradein" shipments. When barns are not emptied all at the same time, different flock sheets shall be filled for each shipment.

Species: List the type of production (chickens/turkeys/mature turkeys).

# Birds Placed: Include any additional chicks (e.g., 2%) provided by the hatchery.

# Birds Shipped, Mortality Rate (%) and Kg/Bird: These are estimates based on production records. For mature turkeys, provide mortality rate for the last 120 days of life.

Category/Sex: List bird type (i.e., pullet, roaster, tom turkey, light/heavy fowl).

CFC OFFSAP/TFC OFFSP Certification: Indicate if the farm is certified under either CFC's or TFC's on-farm food safety program.

Grow-out Density: List the density and check either kg/m², lb/ft², kg/ft², or space/bird.

**SECTION A:** Answer questions 1 through 7 by checking either the "yes" or "no" box. If "yes", the letters beside each question indicate which columns need to be completed in the table. To determine whether a medication is prescribed extra-label, look for a CAPV (Canadian Association of Poultry Veterinarians) or CgFARAD (Canadian global Food Animal Residue Avoidance Database) reference number on your veterinary prescriptions.

- QUESTION 1: If yes, complete columns A through F for all vaccines and medications administered at the hatchery (as per the hatchery invoice).
   A veterinary prescription must be attached to the advance copy of the flock sheet for any extra-label medication use.
- QUESTION 2: If yes, complete columns A through G for all vaccines administered on-farm.
- QUESTION 3: Check "yes" if any medications (water/feed/injection), even those without a withdrawal period, were used to treat clinical symptoms during the flock and complete columns A through H (indicate the date that the flock has recovered). A veterinary prescription must be attached to the advance copy of the flock sheet for any extra-label medication use.
- QUESTION 4: Check "yes" if any diseases or syndromes were diagnosed during the flock and if no medications were used to cure the flock (see Question 3 if medications were used); complete column H (Disease or Syndrome) and indicate the date that the flock has recovered. This is very important for export certification. Flocks that are not eligible for export because of notifiable diseases will remain eligible for domestic use (e.g., Infectious Laryngotracheitis or ILT). Indicating the date that the flock has completely recovered from the

disease/syndrome is important for the plant defect detectors to differentiate between active lesions or scar lesions: this will contribute to maximizing your return.

- QUESTION 5: Check "yes" if any medications that required a
  withdrawal period were used in the last 14 days prior to shipment. If
  yes, complete columns A through G. If feed tags indicate a withdrawal
  period, but do not specify the specific medication that requires the
  withdrawal period, then list all medication names in the ration in
  column A.
- QUESTION 6: Check "yes" if any medications were used in an extralabel manner. If yes, complete columns A through F and attach the veterinary prescription with the advanced copy of the flock sheet; this includes preventive medications without a withdrawal period used extra-label.
- QUESTION 7: Check "yes" if any Category I medications (e.g., ceftiofur hydrochloride Excenel<sup>TM</sup>, enrofloxacin Baytril<sup>TM</sup>) were used in a preventive manner (without clinical signs or disease diagnosis) during the flock. If yes, complete columns A through G. A veterinary prescription must be attached to the advance copy of the flock sheet for any extra-label medication use.

For broiler chickens and turkeys, Questions 1, 2, 3, 4 and 6 apply to the entire life of the birds. For mature turkeys, this information must be provided for the last 120 days of life.

**SECTION B**: List the month, day and time (circle am or pm) as required for each item.

Record the estimated Planned Catching Time and the Planned Processing Time as provided by the processor.

Record the Actual Start of Catching time when the catching crew started to load the birds.

Record the Time of Last Access to Water when water availability was removed.

Check "yes" if the Feed supply was disrupted in some way in the last 48 hours, and birds were starved (even for a short period of time) as they may have gorged themselves and their digestive tract might have been impacted. This has a serious impact on the amount of digesta present during evisceration and potential contamination with disease-causing bacteria.

Record the time of Feed withdrawal provided by the processor; if no time has been provided, indicate N/A or cross out the box.

Time feed was no longer accessible: List the actual time when the flock no longer had access to feed. If the time of feed withdrawal is different for individual floors within the barn, record the time of feed withdrawal on each floor in the space provided.