



Flock Information Reporting Form



Producer/Enterprise Name: _____ Producer Code/Quota: _____

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/m² lb/ft² kg/ft²

Section A - Medication and Vaccine Information If yes:

- 1) Were medications or vaccines administered at the hatchery? Yes No A, D, E *
- 2) Were vaccines administered on-farm? Yes No A, B, D, E
- 3) Were any diseases or syndromes diagnosed during the flock? Yes No G
- 4) Were any medications administered for treatment? Yes 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? Yes No A, D, E *
- 6) Were any extra-label medications used in the feed? Yes No A, D, E *
- 7) Were any Category I medications (e.g., ceftiofur - Excenel™, enrofloxacin - Baytril™) used on-farm in a preventive manner? Yes 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 the processor:		Time
Time feed was no longer accessible:	M	D	Floor #1 Time	AM PM	Floor #2 Time	AM PM	Floor #3 Time

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.

Additional Comments: _____

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.

Producer's Signature: _____

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

Instructions to Complete the Flock Information Reporting Form

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.

Species: List the type of production (chickens/turkey/culled breeders).

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.

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 or kg/ft². This section does not need to be completed for layers.

Section A: Medication and Vaccine Information: 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. Record the question number in the first column of the table to reference which question the information being provided refers to. 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 (name), D (withdrawal period) and E (safe marketing date) for all vaccines and medications administered at the hatchery (as per the hatchery invoice). All vaccines have a 21 day withdrawal period. 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 (name), B (treatment date), D (withdrawal period) and E (safe marketing date) for all vaccines administered during the grow-out period. All vaccines have a 21 day withdrawal period.

Question 3: Check "yes" if any diseases or syndromes were diagnosed during the grow-out period and if no medications were used to cure the flock (see Question 4 if medications were used); complete column G (Disease or Syndrome) and initial in column G 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). Initial 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 maximize your return.

Question 4: Check "yes" if any medications, even those without a withdrawal period, were used to treat clinical symptoms and complete columns A through G (initial 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 5: Check "yes" if any feed medications that required a withdrawal period were used prior to shipment in the last 7 days for chickens or in the last 14 days for turkeys. If yes, complete columns A (name), D (withdrawal period) and E (safe marketing date). 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 feed medications were used in an extra-label manner. If yes, complete columns A (name), D (withdrawal period) and E (safe marketing date) and attach the veterinary prescription with the advanced copy of the flock sheet; this includes preventative medications without a withdrawal period used extra-label.

Question 7: Check "yes" if any Category I medications (e.g. ceftiofur hydrochloride - ExcenelTM, enrofloxacin - BaytrilTM) were used in a preventive manner (without clinical signs or disease diagnosis) during the grow-out. If yes, complete columns A through F. A veterinary prescription must be attached to the advance copy of the flock sheet for any extra-label medication use.

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.