



FLOCK INFORMATION REPORTING FORM

VERSION 8.0

Producer/Enterprise Name

Producer Code/Quota/Premises ID

Placement Date of Chicks/Poults

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 space/bird

SECTION A - MEDICATION AND VACCINE INFORMATION

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 through F*
2. Were vaccines administered on-farm? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	A through G*
3. Were any medications administered for treatment during the flock? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	A through H*
4. Were any non-treated diseases or syndromes diagnosed during the flock? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	H
5. Were any medications with a withdrawal time used in the last 14 days prior to shipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A through G*
6. Were any extra-label medications used? **	<input type="checkbox"/> Yes <input type="checkbox"/> No	A through F*
7. Were any Category I medications (e.g., ceftiofur - Excenel™, enrofloxacin – Baytril™) used on-farm in a preventive manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	A through G*

**For mature turkeys, this information must be provided for the last 120 days of life.

*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) Route (i.e. feed, water, injection etc.)	(C) First treatment date	(D) Last treatment date	(E) Withdrawal Period (days)	(F) Safe Marketing Date (if any)	(G) Dose	(H) Disease or Syndrome & Flock Recovery Date

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.