

# BC Specific Flock Information Reporting Form (Version 8.0)



Producer/Enterprise Name:  PID# BC:  Quota Period:   
 Barn #:  Species:  Category/Sex:  Place Date:  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? **	Yes	No	A through F *
2. Were vaccines administered on-farm? ** (Layers & Breeders during production cycle)	Yes	No	A through G *
3. Were any medications administered for treatment during the flock? **	Yes	No	A through H *
4. Were any non-treated disease or syndromes diagnosed during the flock? **	Yes	No	H
5. Were any medications with a withdrawal time used in the last 14 days prior to shipment?	Yes	No	A through G *
6. Were any extra-label medications used? ** ▶	Yes	No	A through F *
7. Were any Category I medications (e.g., ceftiofur - Excenel™, enrofloxacin - Baytril™) used on-farm in a <u>preventive</u> manner?	Yes	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):

Ques.# (1-7 above)	(A) Medication or Vaccine Name	(B) Route	(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:	Actual start of catching:	Time:
Planned processing time:	M/D	Time:	Time of last access to water:	Time:
Was the feed supply disrupted in the last 48 hours?	Yes	No	Feed withdrawal time provided by the processor:	Time:
Time feed was no longer accessible:	M/D	Floor #1 Time:	Floor #2 Time:	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, 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.

Page 2 Required Yes No

EMAIL

SAVE

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RESET



## 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 "trade-in" 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/m<sup>2</sup>, lb/ft<sup>2</sup>, kg/ft<sup>2</sup>, 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 extra-label 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™, enrofloxacin – Baytril™) 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 (select am or pm from the dropdown menu) 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.