



Company

Farm Name & Address incl. post code

Producer Number (Layers only)

Contact Name Contact No.

Bird Type	Broiler	<input type="checkbox"/>	Production	Barn	<input type="checkbox"/>
	Broiler Breeder	<input type="checkbox"/>		Colony	<input type="checkbox"/>
	Layer	<input type="checkbox"/>		Free Range	<input type="checkbox"/>
	Rearer	<input type="checkbox"/>		Organic	<input type="checkbox"/>
	Duck	<input type="checkbox"/>		Rearing	<input type="checkbox"/>
	Turkey	<input type="checkbox"/>			
	Pheasant/Partridge	<input type="checkbox"/>			

House Age (w/d) Breed

Flock Code Parent Flock

Date Sampled Parent Flock Age

No. Birds in house

	Today	T-1	T-2	T-3	T-4	T-5	T-6
Dead	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Culls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Egg Production %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Clinical Signs

Abnormal faeces	<input type="checkbox"/>
Egg drop	<input type="checkbox"/>
Egg quality	<input type="checkbox"/>
Found dead	<input type="checkbox"/>
Poor hatchability	<input type="checkbox"/>
Lameness	<input type="checkbox"/>

Nervous signs	<input type="checkbox"/>
Recumbent	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>
Skin/feathering	<input type="checkbox"/>
Vent/cloacal disorders	<input type="checkbox"/>
Wasting/poor condition	<input type="checkbox"/>

	Appetite	Water	Weight
Increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinical History/Useful info