

<input type="checkbox"/>	Layers/Table Eggs
<input type="checkbox"/>	Slaughter birds Chickens/Turkeys/Specialty
<input type="checkbox"/>	Breeders Broiler/Leghorn/Specialty
<input type="checkbox"/>	Backyard
<input type="checkbox"/>	Other

**AI-2022-ON**

**FLOCK HEALTH QUESTIONNAIRE**

(all information provided is strictly confidential)

Date of Report
Premises ID #
Owner/manager Signature:

Name of Farm: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Address of the barns: \_\_\_\_\_ PC \_\_\_\_\_ Phone # \_\_\_\_\_

**For all Poultry flocks:**

Is mortality in the normal range: Yes  No   
 Is any of this mortality the result of normal culling? Yes  No   
 Has there been any recent illness in the flock? Yes  No   
 If yes: describe (include number of birds affected and clinical signs):

\_\_\_\_\_ If yes: has your poultry practitioner been contacted: Yes  No

Veterinary assessment: \_\_\_\_\_

Mortality (# of dead birds per barn) \_\_\_\_\_ Is this in the normal range: Yes  No

Please fill in dates	Date	Date	Date	Date	Date	Date	Date	Total # of birds (current / placed)
Barn #	Thu	Fri	Sat	Sun	Mon	Tue	Wed	/
1								/
2								/
3								/
4								/
5								/
6								/

Water Consumption (average consumption) \_\_\_\_\_ Is this in the normal range: Yes  No

	Date	Date	Date	Date	Date	Date	Date
Barn #							
1							
2							
3							
4							
5							
6							

Feed Consumption (average consumption) \_\_\_\_\_ Is this in the normal range: Yes  No

	Date	Date	Date	Date	Date	Date	Date
Barn #							
1							
2							
3							
4							
5							
6							

Date of report
Premises ID

Has there been movement of birds and or people who may have been in contact with other birds onto your property? Yes  No

If yes, please explain movement: \_\_\_\_\_

Has there been any laboratory testing on your property? Yes  No

If yes, please provide the laboratory reference number \_\_\_\_\_

**Complete the following sections as applicable or mark as N/A:**

**For production type birds – table eggs, breeders**

Date placed \_\_\_\_\_ Age today \_\_\_\_\_

Has there been a significant change in feed consumption, egg production or water consumption over the past 4 days? Yes  No  If yes, describe: e.g. increasing feed for production

\_\_\_\_\_  
\_\_\_\_\_

<b>Table Eggs:</b> Rate of lay for the past week(% ): _____ Is this in the normal range: Yes <input type="checkbox"/> No <input type="checkbox"/> If No provide comments: _____ _____
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<b>Breeders: chicken, specialty birds:</b> Were the last two hatches normal?: _ Yes <input type="checkbox"/> No <input type="checkbox"/> If No provide comments: _____ _____ Rate of lay for the past week (%): _____ Is this in the normal range: Yes <input type="checkbox"/> No <input type="checkbox"/> If No provide comments: _____ _____
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<b>Other: (Squab, pheasants, Taiwanese chickens, Pigeons):</b> Total mortality from placement (%): _____ Rate of lay for the past week _____ Is this in the normal range: Yes <input type="checkbox"/> No <input type="checkbox"/> If No provide comments _____ _____
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Submit to [CFIA.OntFlockhealthsheets-Dossiersantedelevages.ACIA@inspection.qc.ca](mailto:CFIA.OntFlockhealthsheets-Dossiersantedelevages.ACIA@inspection.qc.ca) or Fax: 226-217-8494 once per week.

Comments for all sectors please provide any additional information or explanation for

**abnormal conditions:**


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