HPAI-2022 – Flock Health Attestation

(all information provided is strictly confidential)

Reporting period:

- Live birds off the premises 7 days prior to within 24 hours of each scheduled movement.
- Live birds onto premises where there are already birds on-site 7 days prior to within 24 hours of each scheduled movement.
- Hatching eggs every 7 days for multi-use permits to allow for multiple egg movements within the week.
- Ungraded Table eggs for direct or local limited sales (Farm Gate) every 14 days for multi-use permits to allow for multiple egg movements within the two weeks.
- > Report for each barn which contains poultry on the premises in Section B.

Date of the FIRST day of this reporting period: Date of the LAST day of this reporting period:

YYYY-MM-DD	
YYYY-MM-DD	

Owner or manager responsible for this report:

Contact information (phone and email):

Chicken – meat type	Chicken – table egg type	Turkey	Duck / Goose	Other
 Chicken - Broiler Organic/RWA 	Chicken - Table egg pullet	 Turkey – Meat Hens Toms 	Duck – Commercial □ Meat □ Eggs	Small holder / Backyard
 Chicken - Broiler breeder pullet (hatching egg) 	Chicken - Table egg layer	Turkey – Breeder (multiplier)	Goose - Commercial Meat Eggs	Exotic / Exhibition
 Chicken - Broiler breeder layer (hatching egg) 	Chicken – Table egg parent/grandparent stock	Turkey - Parent/ grandparent stock		□ Hatchery
 Chicken - Broiler breeder grandparent stock (hatching egg) 				□ Other
Production-type	Conventional RWA		Organic Access to outdoor	

SECTION A – FARM INFORMATION

Farm name:	
Premises ID#:	
Physical address of the barns:	
Email:	
Phone #:	

SECTION B: FOR ALL FLOCKS AND ALL BIRD-TYPES

Barn	Bird-type per barn	Flock age		Starting bird inventory	Ending bird inventory
ID	(if different btw barns)	(day 1 of this reporting p	period)	(day 1 of this reporting period)	(last day of this reporting period)
		wks	ds		
		wks	ds		
		wks	ds		
		wks	ds		
		wks	ds		
		wks	ds		
		wks	ds		
		wks	ds		
		wks	ds		
		wks	ds		
		wks	ds		
	icable, indicate bird m lestination:	ovement between ba	rns or C	OFF the premises during this	reporting period including

Have mortality and/or culling/euthanasia increased during the reporting period in any barn on the premises? Yes \Box No \Box

If answered yes above:

Indicate which barn the increased mortality and/or culling/euthanasia was observed:

Has there been any new illness in any barns during the reporting period? Yes $\hfill\square$ No $\hfill\square$

If answered yes above:

What is/are the identified or presumed cause(s) of the increased mortality/culling and/or illness?

Has water consumption decreased in any barns during the reporting period? Yes $\Box~$ No $\Box~$

If answered yes above:

What is/are the identified or presumed cause(s) of the decreased water consumption?

Have you noticed anything	abnormal within your flock	?
Yes 🗆 No 🗆		

If answered yes above, describe what looks abnormal:

VETERINARY INFORMATION – For this reporting period

Is there a veterinary assessment available?	
Yes 🗌 No 🗌	

Has there been laboratory testing related to the veterinary assessment? Yes $\Box~$ No $\Box~$ N/A $\Box~$

Veterinarian name and contact information:

SECTION C: FOR BIRDS LAYING EGGS

Has egg production decreased and/or egg culling increased (e.g. misshaped eggs, soft-shell eggs, shell-less eggs) in any barns during the reporting period? Yes \Box No \Box

If answered yes above: What is/are the identified or presumed cause(s) of the decreased egg production and/or increased cull eggs?

SIGNATURE

□ Check this box to acknowledge and confirm content and submit the attestation as per regional instructions from CFIA.