**

Farm and health plan guidance - Laying birds & breeder flocks

* It is not compulsory to use this template to produce your farm and health plan. However, theCertified Animal Welfare Approved by AGW standards require a farm and health plan for livestock enterprises. If you do not wish to use this template it should provide the basic structure for any other farm or health plan submitted.
* This document should be reviewed and updated whenever changes are made or at least annually.

|  |
| --- |
| **Name and address** |
|  |

**Laying & breeder bird management**

|  |
| --- |
| **Please state type(s) of bird kept (layers, breeders, turkeys, ducks, chickens)** |
|  |
| Name of person/people responsible for birds |
|  |
|  |
| Times of daily inspection of birds/how often are birds checked each day |
|  |

|  |
| --- |
| Breed/breeds of birds used |
|  |
| Reason for breed choice, suitability of breed for farm or system |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of birds** | | | | |
| Do you own or manage parent/breeder birds? | Yes |  | No |  |
| Are your chicks/pullets/poults, etc. bought in? | Yes |  | No |  |
| If the chicks/pullets/poults, etc. are bought in, please state at what age |  | | | |
| Name and address of source of chicks/pullets/poults, etc. |  | | | |

|  |  |
| --- | --- |
| **Production** | |
| Total number of birds on farm |  |
| Maximum flock or colony size |  |
| Number of females to each male bird |  |
| Number and age of meat birds produced for sale |  |
| Number of pullets produced for sale |  |
| Number of hatching eggs produced for sale |  |
| Number of table eggs produced for sale |  |

|  |  |
| --- | --- |
| **Housing** | |
|  | |
| Type of housing used for birds | |
|  | |
| Number of birds per house |  |
| Total area available (sq. ft. or m2) |  |
| Stocking density (birds per sq. ft. or m2) |  |
| What type of litter/bedding is used? | |
|  | |
| How is litter/bedding managed to keep it dry and friable | |
|  | |
| **Housing cont.** | |
| Please detail any time that birds may be excluded from range or pasture and confined in the house and the reason (e.g. shut in at night for protection from predators OR excluded from range when snow is on the ground) | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Perches** | | | | |
| Are perches provided for the birds? | Yes |  | No |  |
| How much perch space is provided per bird (inches or cm)? |  | | | |
| What are perches made of and what is the layout of perches (e.g. wooden poles at a single height or in ranked heights)? | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nest boxes** | | | | |
| How many nest boxes are provided for what flock size (e.g. 20 boxes for 100 birds)? |  | | | |
| Do nest boxes have a rail or perch in front of them? | Yes |  | No |  |
| Are nest boxes designed for groups or individuals? | Groups |  | Individ. |  |
| What size are nest boxes? |  | | | |
| Is litter/bedding provided in nest boxes? | Yes |  | No |  |
| If yes, please detail litter/bedding provided | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hatching** | | | | |
| If hatching is carried out on farm, please detail the maximum capacity of the incubator and hatcher and the temperature and humidity settings on these | | | | |
|  | | | | |
| Are there monitors and/or alarms in your hatchery? | Yes |  | No |  |
| Do you have back up power? | Yes |  | No |  |
| How frequently do you test your back-up power source? |  | | | |
| For an average hatch please state | Number of eggs set |  | Number of eggs hatched |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Brooding** | | | | |
| If brooding is carried out on farm, how do you maintain chick/poult/duckling comfort during brooding (e.g. temperature)? | | | | |
|  | | | | |
| Are there monitors and/or alarms in your brooding area? | Yes |  | No |  |
| Do you have back up power? | Yes |  | No |  |
| How frequently do you test your back-up power source? |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lighting** | | | | |
| Do you have a lighting programme? | Yes |  | No |  |
| If yes, describe your lighting programme (age of birds, times of light and darkness, etc) | | | | |
|  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mortality and culling** | | | |
| Average mortality level | |  | |
| Number or percent culled |  | Number or percent died |  |
| Causes of bird mortality | | | |
|  | | | |
| Prevention measures implemented | | | | |
|  | | | | |
| Reasons for culling birds | | | | |
|  | | | | |

|  |
| --- |
| Method of culling birds |
|  |
| Prevention measures implemented |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Molting** | | | | |
| How often do birds molt prior to disposal of the flock? |  | | | |
| Is molting ever induced on farm? | Yes |  | No |  |
| If molting is induced, please state method used |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical alteration** | | | | |
| Do birds have any physical alterations carried out, such as beak tipping, de-clawing, wattle or comb removal, etc.? | Yes |  | No |  |
| If so, please state what operation(s) are carried out |  | | | |
| If so, what age is this carried out? |  | | | |
| Please detail how birds are physically altered and why this is needed | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Identification**  Licence no.:  Date completed: | | | | |
| Are birds individually identified in any way? | Yes |  | No |  |
| If yes, please state identification method used and reason for use |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Feed and water** | | | | |
|  | | | | |
| Is drinking water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how drinking water is provided to the birds and how often this is done | | | | |
|  | | | | |
| If waterfowl are kept on farm is water for behavioural needs separate from drinking water? | Yes |  | No |  |
| Please detail how water is provided for behavioural needs | | | | |
|  | | | | |

|  |
| --- |
| Please detail how water for both drinking and behavioural needs is kept clean |
|  |
| **Details of bird rations (detail type, ingredients and amounts of feed provided)** |
| Stage of life (e.g. brooding) and feed provided |
|  |
| Stage of life (e.g. rearing) and feed provided |
|  |

**Health management**

|  |
| --- |
| **Injury to birds** |
| Detail any injuries found on birds on farm |
|  |
| Please state treatments used and any preventative measures undertaken |
|  |

|  |
| --- |
| **Antibiotics** |
| Please give examples of times when antibiotics might be used |
|  |
| Please detail the procedure for identifying/separating a bird or flock that has been treated with antibiotics |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VACCINATION POLICY** | | | | |
| Do you vaccinate for any of the following/are your birds vaccinated for any of the following? | | | | |
| Mareks | Yes |  | No |  |
| Newcastle Disease | Yes |  | No |  |
| Infectious bronchitis | Yes |  | No |  |
| Salmonella | Yes |  | No |  |
| Mycoplasma | Yes |  | No |  |
| Egg drop syndrome | Yes |  | No |  |
| Avian Rhinotracheitis | Yes |  | No |  |
| Gumboro | Yes |  | No |  |
| Riemerella Anatipestifer | Yes |  | No |  |
| Duck virus enteritis | Yes |  | No |  |
| Duck virus hepatitis | Yes |  | No |  |
| Coccidiosis | Yes |  | No |  |
| Others (Please state) | | | | |
|  | | | | |
|  | | | | |

|  |  |
| --- | --- |
| **LAMENESS** | |
|  | |
| Main causes of lameness (please complete a box below for each cause of lameness seen) | |
| Cause |  |
| Treatments used | |
|  | |
| Prevention measures | |
|  | |

|  |  |
| --- | --- |
| Cause |  |
| Treatments used | |
|  | |
| Prevention measures | |
|  | |

|  |  |
| --- | --- |
| Cause |  |
| Treatments used | |
|  | |
| Prevention measures | |
|  | |

|  |
| --- |
| **ECTOPARASITES (for example: lice, red mite)** |
|  |
| Please state the type of parasites found |
|  |
| Treatment |
| Please state treatments used |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| **INTERNAL PARASITES** |
|  |
| Please state the type of parasites found (e.g. round worm, tape worm) |
|  |
| Treatment |
| Please state treatments used for each group of birds |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transport and handling** | | | | | |
| **Day olds** | | | | | |
| What type of container are fresh hatched chicks, poults, ducklings, etc. transported in? | |  | | | |
| How many chicks, poults, ducklings, etc. are transported per container? | |  | | | |
| **Pullets** | | | | | |
| What type and size of container are pullets transported in? | |  | | | |
| What age are pullets transported on or off the farm? | |  | | | |
| How many pullets, or what weight of pullet, are transported per sq. ft. or m2 of container? | |  | | | |
| **Adult breeder birds** | | | | | |
| What type and size of container are breeders transported in? | |  | | | |
| What age are breeders transported on or off the farm? | |  | | | |
| How many breeders, or what weight of breeder, are transported per sq. ft. or m2 of container? | |  | | | |
| **Pullets and breeders** | | | | | |
| For birds older than day old, is water withdrawn prior to catching? | | Yes |  | No |  |
| If yes, how long before catching is water withdrawn? | |  | | | |
| Is feed withdrawn prior to catching? | | Yes |  | No |  |
| If yes, how long before catching is feed withdrawn? | |  | | | |
| Who carries out catching? | | Farm staff |  | Hired catchers |  |
| How are birds caught (e.g. double leg catching, held round body, etc.)? | |  | | | |
| **All transported birds** | | | | | |
| Who transports birds? | | | | | |
| Farms own staff/trailer |  | Courier/haulier | |  | |
| Postal service |  |  | |  | |

|  |  |
| --- | --- |
| **Slaughter** | |
|  | |
| At the end of the life of the flock where do birds go for slaughter? (Please provide name and address) |  |
| Method of stunning (e.g. hand held stunner, water bath) | |
|  | |

Date plan completed:

Date plan due for review: