



Canadian Poultry Consultants Ltd.

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Case Submission Sheet

CMS: _____

Farm Name: _____ Date of Submission: _____

Submitted by: _____ FINAL REPORT sent to yes or no

Charged to: _____ FINAL REPORT sent to yes or no

Report Preliminary Results to: _____

Phone: _____ E-mail: _____

Species/Type of Bird: Layer Broiler Broiler Breeder Specialty Turkey

Sex: Female Male Mixed #Dead: _____ #Live: _____

Barn # or Floor: _____ Flock Size: _____ Age: _____

Clinical signs: _____

Daily mortality: # _____ % _____ Start Date of Signs: _____

Production type: Regular Organic RWA Other: _____

Feed Company: _____ Hatchery: _____

Water Consumption: _____ L or gal per day

Serology: # blood samples: _____ (recommend 10 samples)

IBV IBD REO NDV AE MG MS

Layer (post-priming/ post kill vaccine) = IBV, IBD, NDV, AE

Broiler (end of flock serology) = IBV, IBD, REO

Broiler Breeder (broiler breeder program) = IBV, IBD, NDV, AE, MG, MS 1st Bleed 2nd Bleed

Other Information:
