**

Farm and health plan guidance - Meat poultry

* 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.

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| **Name and address** |
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**Meat bird management**

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| **State type or types of birds kept on farm** |
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| Name of person/people responsible for meat birds |
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|  |
| Times of daily inspection of birds/how often are birds checked each day |
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| Breed/breeds of birds used |
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| Reason for breed choice, suitability of breed for farm or system |
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| **Source of chicks, poults, ducklings or goslings** | | | | |
| Do you own or manage the parent birds? | Yes |  | No |  |
| Are your chicks, poults, ducklings or goslings bought in? | Yes |  | No |  |
| If the chicks, poults, ducklings or goslings are bought in, please state at what age |  | | | |
| Name and address of source of chicks, poults, ducklings or goslings |  | | | |

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| **Production** (please give separate figures for separate bird types) | |
| Total number of birds on farm at any one time |  |
| Number of birds produced per year |  |
| Average age of birds at slaughter |  |
| Average weight of birds at slaughter |  |

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| **Housing** | |
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| Type of housing used for birds whether indoors or outdoors | |
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| Number of birds per house |  |
| Total area available (sq. ft.) |  |
| Stocking density (birds per sq. ft. or lb per sq. ft.) |  |
| What type of bedding is used? | |
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| How is bedding managed to keep it dry and friable? | |
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| **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) |
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| **Perches** | | | | |
| Are perches provided for the birds? | Yes |  | No |  |
| If yes, at what age are perches provided? |  | | | |
| How much perch space is provided per bird (inches)? |  | | | |
| What are perches made of and what is the layout of perches (e.g. raised wooden poles, straw bales, etc.)? | | | | |
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| **Brooding** | | | | |
| How do you maintain chick comfort during brooding? (e.g. temperature) | | | | |
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| Are there monitors and/or alarms in your housing? | Yes |  | No |  |
| Do you have back up power? | Yes |  | No |  |
| How frequently do you test your back-up power source? |  | | | |

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| **Lighting** | | | | |
| Do you have a lighting programme? | Yes |  | No |  |
| If yes, describe your lighting programme (age of birds, times of light and darkness, etc.) | | | | |
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| **Mortality and culling** | | | |
| Average mortality level | |  | |
| Number or percent culled |  | Number or percent died |  |
| Causes of bird mortality | | | |
|  | | | |
| Prevention measures implemented | | | | |
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| Reasons for culling birds | | | | |
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| Method of culling birds |
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| Prevention measures implemented |
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| **Physical alteration**  Licence no.:  Date completed: | | | | |
| Do birds have their beaks or bills tipped? | Yes |  | No |  |
| If so, what age is this carried out? |  | | | |
| Please detail how birds are beak or bill tipped and why this operation is needed | | | | |
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| **Physical alteration**  Licence no.:  Date completed: | | | | |
| Do birds have their wattles or combs cut or trimmed? | Yes |  | No |  |
| If so, what age is this carried out? |  | | | |
| Please detail how wattle or comb trimming is carried out and why this operation is needed | | | | |
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| **Physical alteration**  Licence no.:  Date completed: | | | | |
| Do birds have their claws, spurs or toes removed or their webs cut? | Yes |  | No |  |
| If so, what age is this carried out? |  | | | |
| Please detail how de-clawing, de-spurring, de-toeing or web cutting is carried out and why this operation is needed | | | | |
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| **Physical alteration**  Licence no.:  Date completed: | | | | |
| Do birds have any other physical alterations carried out? | Yes |  | No |  |
| If so, what age is this carried out? |  | | | |
| Please detail how the alteration is carried out and why this operation is needed | | | | |
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| **Feed and water** | | | | |
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| 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 | | | | |
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| If waterfowl are kept on farm, is water for behavioral needs separate from drinking water? | Yes |  | No |  |
| Can waterfowl swim in water without their feet touching the bottom? | Yes |  | No |  |
| Can waterfowl dip their heads in water? | Yes |  | No |  |
| Please detail how water is provided for behavioral needs | | | | |
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| Please detail how water for both drinking and behavioral needs is kept clean | | | | |
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| **Details of bird rations (detail type and amounts of concentrates fed)** |
| Brooding stage |
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| Post brooding |
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**Health management**

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| **Injury to birds** |
| Detail any injuries found on birds on farm |
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| Please state treatments used and any preventative measures undertaken |
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| **Antibiotics** |
| Please give examples of times when antibiotics might be used |
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| Please detail the procedure for marking/separating a bird or flock that has been treated with antibiotics |
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| **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 |  |
| 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) | | | | |
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| **LAMENESS** | |
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| Main causes of lameness (please complete a box below for each cause of lameness seen)? | |
| Cause |  |
| Treatments used | |
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| Prevention measures | |
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| Cause |  |
| Treatments used | |
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| Prevention measures | |
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| **ECTOPARASITES (for example: lice, red mite)** |
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| Please state the type of parasites found |
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| Treatment |
| Please state treatments used |
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| Prevention |
| Please state prevention measures adopted |
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| **INTERNAL PARASITES** |
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| Please state the type of parasites found (e.g. round worm, tape worm) |
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| Treatment |
| Please state treatments used for each group of birds |
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| Prevention |
| Please state prevention measures adopted |
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| **Transport and handling** | | | | | |
| Who catches birds prior to transport? | | | | | |
| Farms own staff |  | External catching team | |  | |
| Describe how and when birds are caught | | | | | |
|  | | | | | |
| 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? | |  | | | |
| How long is the total feed withdrawal up to point of slaughter? | |  | | | |
| Who transports birds to slaughter? | | | | | |
| Farms own staff/trailer |  | Haulier | |  | |
| Maximum travel length to slaughter | | | | | |
| Time |  | Miles | |  | |
| Stocking density in crates | | | | | |
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| **Slaughter** | |
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| Where do birds go for slaughter? (Please provide name and address) |  |
| Method of stunning (e.g. hand held stunner, water bath) | |
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Date plan completed:

Date plan due for review: