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PULLET GROWER'S CERTIFIED MANAGEMENT REPORT

On Flocks Supervised by AUG 1 1969

Hatch Date \_\_\_\_\_ No. Birds started \_\_\_\_\_ From Breeder, Flock No. OR-G VA

Growers' Name \_\_\_\_\_ Address \_\_\_\_\_

I. HOUSING:

- a. Type of floor: (check one) Concrete \_\_\_\_\_ Wood \_\_\_\_\_ Other \_\_\_\_\_
- b. Insulation: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes: Roof \_\_\_\_\_, Sidewalls \_\_\_\_\_ (State area in inches)
- c. Ventilation: Natural Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, total fan capacity \_\_\_\_\_
- d. Wild bird proof: Yes \_\_\_\_\_ No \_\_\_\_\_ e. Locks on Doors: Yes \_\_\_\_\_ No \_\_\_\_\_
- f. Roosts: Yes \_\_\_\_\_ No \_\_\_\_\_ g. Litter: Kind \_\_\_\_\_ General condition of litter during growing: Very dry \_\_\_\_\_, dry \_\_\_\_\_, periodically damp \_\_\_\_\_, wet \_\_\_\_\_

II. LIGHTING:

- a. Natural (yes/no) \_\_\_\_\_ If no, restricted to \_\_\_\_\_ (no. hours) at \_\_\_\_\_ wks. of age or light stepped up to \_\_\_\_\_ hrs. at \_\_\_\_\_ wks. of age stepped down to \_\_\_\_\_ hrs. at \_\_\_\_\_ wks of age. Light received at 20 weeks of age \_\_\_\_\_ hours.
- Remarks: \_\_\_\_\_

III. FEED AND WATER PRACTICES:

- a. Type feeders: Hand: Tube \_\_\_\_\_ Trough \_\_\_\_\_ Mechanical: Pan \_\_\_\_\_ Trough \_\_\_\_\_
- b. Space (Per 1000 birds): \_\_\_\_\_ ft. of trough or \_\_\_\_\_ No. tubes 0-10 wks. of age and \_\_\_\_\_ ft. of trough or \_\_\_\_\_ No. tubes from 11 to 20 weeks of age.
- c. Feed Restricted: Yes \_\_\_\_\_ No \_\_\_\_\_; If yes: From \_\_\_\_\_ wks. of age to \_\_\_\_\_ wks. of age. Protein \_\_\_\_\_%, Fat \_\_\_\_\_%, Fiber \_\_\_\_\_% in feed 11 to 20 weeks of age.
- d. Water Space: No. ft. automatic trough per 1,000 birds: \_\_\_\_\_ 0-10 \_\_\_\_\_ 11-20 wks. of age

IV. FLOCK HEALTH REPORT:

- a. Was security management for disease prevention practiced such as outlined in V.P.I. leaflet 161: By poultrymen yes \_\_\_\_\_, No \_\_\_\_\_; By field supervisor Yes \_\_\_\_\_, No \_\_\_\_\_
- b. Were older chickens kept on same farm: Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Vaccinations received:
  - Newcastle \_\_\_\_\_ wks, \_\_\_\_\_ wks, \_\_\_\_\_ wks
  - Bronchitis \_\_\_\_\_ wks, \_\_\_\_\_ wks, \_\_\_\_\_ wks
  - Fowl Pox \_\_\_\_\_ (Pigeon Pox \_\_\_\_\_ or fowl-pox vaccine)
  - Other \_\_\_\_\_
- d. Parasite & disease history (if noticed give age in "yes" column)

	Yes	No	Treatment (drug or chemical)
Coccidia	_____	_____	_____
CRD	_____	_____	_____
Worms	_____	_____	_____
Others	_____	_____	_____
- e. Percent mortality 0-20 weeks of age \_\_\_\_\_
- f. Debeaking: Age in weeks \_\_\_\_\_
- g. Birds dubbed: Yes \_\_\_\_\_ no \_\_\_\_\_

I hereby certify that the above information concerning the pullets reared by me or under my supervision is true and correct.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

Laboratory Diagnosis Reports:

Date

Findings

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Comments:

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