

VETERINARY SERVICES LAB LABORATORY FLOCK HISTORY & AUTOPSY SHEET



VETERINARY SERVICES
BARBADOS

Date:

Lab. No.:

For complete examination of your birds this form must be answered in full.

Please check for results within 24 hours. NB: PM results can only be given by the Veterinary Pathologist

Identification:

Owner's Name: **Address:**

Tel.No: **Flock Address:**

Flock I.D/Bldg. No.: **Veterinarian:**

Specimens submitted:

No. of live birds: **Dead:** **Other Specimens:**

Flock Information: Type of operation birds are from:

Chicken Broiler: **Chicken Layer:** **Other Poultry:**

How many birds in the flock?:

Present age (in weeks) of birds in the flock:

No. of birds that died in the past 24 hrs.:

Average no. of birds that died each day for the past 7 days:

The total no. of birds that died from the flock since arrival on the premises:

How long has sickness been evident in the flock?

What percentage of birds in the flock seem affected?

Symptoms: Check the ones that best describe the condition.

Locomotion:

- Spraddle legs
- Crooked Toes
- Stilted gait
- Leg Weakness
- Difficulty in moving

Nervous:

- Trembling
- Circling
- Blindness
- Twisted Necks
- Droopy

Respiratory:

- Coughing
- Snicking
- Head Shaking
- Swelling around eyes
- Nasal Discharge

Type of Droppings

- Bloody
- Watery

General Information:

What is the hatchery of origin?

Feed Used (also source):

Are the birds on medication? **Drug:**

Level: **Duration of medication:**

Have birds been vaccinated? **Vaccine used:** **When last**

Feed Consumption: Normal Down:

Water consumption: Normal Down:

Egg Production: Normal Down:

Was there any Change in Management: **Previous Diagnosis:**