

Date of Receipt: ____ / ____ / ____

CVS Ref No: ____ / ____

CROWSHALL VETERINARY SERVICES LLP

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POST MORTEM SUBMISSION FORM

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Client Details:

Company Name		Site Name	
		Farm Code	
Company Address		Site Address	
Email Address		Submitted by	
		Telephone no	
Date of Submission		Species/Type of Bird	
House/Unit/Pen Number		Age of Birds	Days: <input type="checkbox"/> Weeks: <input type="checkbox"/>
Sex: (male/female/AH)		Breed:	
Flock Codes/Reference			

Clinical Information:

Flock History and Reason for Submission:

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MORTALITY TODAY		MORTALITY TO DATE (%)	
MORTALITY/CULLS LAST 5 DAYS (list from left to right with most recent on right)			
T-5	/	T-4	/
		T-3	/
		T-2	/
		T-1	/
Number of birds in house		% of birds affected with problem	

Nutritional Information: Feed Supplier:	Feed Name/Code	Feed delivery date	Any concerns ref quality? (Y/N)

Medications/vaccinations given (including in feed)	Age of birds treated	Duration of Treatment	Product given

ANY OTHER INFORMATION: (bodyweights/egg production etc)

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