

CROWSHALL VETERINARY SERVICES



Philip P Hammond

BVetMed PGCert Avian Health (hons) MAHM MRCVS

Ian S Lowery

BVetMed PGCert ILHF MRCVS

Sally H Hutton

BVSc MSc MRCVS

Henry Lamb

BVetMed MRCVS

POST MORTEM SUBMISSION FORM

Completing this submission form means that you are giving Crowshall Veterinary Services permission to hold your personal data. Please refer to the Crowshall Veterinary Services [Data Protection Policy](#) Statement for more information. This is on display on our noticeboard or available at <https://www.crowshall.co.uk/>.

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:

<u>Flock History and Reason for Submission:</u>									
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)									