



OEFFA Certification

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Poultry Flock Health Record

Year: _____ Name / Farm Name: _____ Flock ID: _____

Date Chicks / Poults Placed: _____ Number of Chicks / Poults Placed: _____

Production Start Date: _____ Estimated Production End Date: _____

In columns for Day 1 through Day 7, record the number of birds that died each day.

Week #	Week of (Date)	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Health Problem	Cause	Action Taken (environmental changes, vaccines, health care products)	Date of Action
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