INSTRUCTIONS PLEASE READ CAREFULLY:

- This questionnaire is to be completed during the last week of grow before slaughter, (> 30 days of age).
- Enter the Hatchery ID, Flock ID and VET ID code in the box on the top right corner of each page.
- Hatchery ID will be provided by the Canadian Poultry and Egg Processors Council (CPEPC) to all participating veterinarians.
- Please answer all questions; please call the hatchery to confirm hatchery-related information. If the information is unknown, indicate "D/K" (Don’t know) as the response. If a question is not applicable, indicate "N/A" as the response.
- Note that certain information required is at BARN LEVEL and FLOOR LEVEL. These are EXTREMELY critical for our analysis.
- This questionnaire is in triplicate. White copy: Send to CIPARS in the FEDEX envelope provided; Yellow copy: Retained by the field worker/poultry veterinarian; Pink copy: Retained by the producer.

If you are unclear on how to answer any question please feel free to contact the CIPARS Farm Working Group

THANK YOU FOR YOUR PARTICIPATION!

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1 CIPARS – Canadian Integrated Program for Antimicrobial Resistance Surveillance, a national program that monitors antimicrobial use and resistance.
FoodNet Canada (formerly known as C-EnterNet) is a multi-partner sentinel site surveillance program that includes simultaneous and in-depth investigation of food-borne and waterborne diseases and exposure.

White copy: Public Health Agency; Yellow copy: Field worker/poultry veterinarian; Pink copy: Producer
Please complete the table below for the pre-harvest samples collected today:

**Please Note:** Collect at least 15 fresh caecal droppings per pooled sample; each sample should represent one quadrant of the floor space.

| SAMPLE ID CODE |
|----------------|
| Sample #1      |
| Sample #2      |
| Sample #3      |
| Sample #4      |
BROILER FARM QUESTIONNAIRE
FULL GROW-OUT PERIOD

Flock ID Code: BCSF
VET ID Code: BCSV

NOTE: All data including inventory and feed tonnage for this questionnaire should be provided for the BARN AND FLOOR LEVELS.

1. Province in which this flock is located:
   ○ British Columbia  ○ Alberta  ○ Saskatchewan  ○ Manitoba  ○ Ontario  ○ Québec  ○ Atlantic

2. Date of chick placement:
   / / Year

3. Pre-harvest sample collection date:
   / / Year

4. Age at day of sampling:
   ____________________________ Days

5. Average weight at day of sampling:
   ____________________________ Kilograms

6. Quota period:
   A-

7. Floor space (barn):
   ____________________________ Square ft.

8. Stocking density (floor space/total placed)
   ____________________________ Sq. ft./bird

9. Total farm capacity
   ____________________________ birds

If there are multiple barns on this site then please indicate the barn name or number (for your reference):

If this is a multi-floor barn, please indicate which floor was sampled today (for your reference):
   ○ Top floor  ○ Middle floor  ○ Bottom floor

Farm level tracking: If this barn or floor was sampled previously, please indicate:

Year sampled: ________________________ Flock code: _______________________________
BROILER FARM QUESTIONNAIRE
FULL GROW-OUT PERIOD

CIPARS/FOODNET CANADA.FC.2019

10. Flock Information

A. Do you consider your broiler operation to be: (check all that apply)
   - All-In-All-Out
   - Multi-age
   - Multi-species or multi-commodity

B. Broiler strain: (check all that apply for the BARN)
   - Ross x Ross (check all applicable)
     - 308
     - 708
   - Others/unknown:

C. Are these birds marketed as: (check only one)
   - Conventional (exposed to antimicrobials, ionophores or chemical coccidiostats)
   - Antibiotic-free (ABF) or Raised Without Antibiotics (RWA)
     - NO antibiotics, ionophores, chemical coccidiostats (full/mainstream program)
     - Treated with Ionophores only
     - Treated with Chemical coccidiostats only
   - Other (please specify): ________________
   - Organic
   - Other: ________

D. If growing ABF regularly, indicate months and/or years in the program
   Certifying body, if any:
   (Months) (Years)

D.1 If flocks are not routinely managed as antibiotic free, please check here ☐

11. Flock inventory for this BARN AND FLOOR (these data are critical for our analysis)

|   | BARN TOTAL | FLOOR* |
|---|-------------|--------|
| A. Initial population (total CHICKS placed) | | Chicks |
| B. Final flock population (total GROWN BIRDS on day of sampling) | | Birds |
| C. Percent mortality \((A - B) ÷ A \times 100:\) | | % |

*Population in floor to be sampled today (if multi-floor barn)
**BROILER FARM QUESTIONNAIRE**  
**FULL GROW-OUT PERIOD**

| Flock source origin                      | Percent of chicks placed | Age range of breeder flock source* | Purchased by hatchery as (Check all that apply): |
|------------------------------------------|--------------------------|------------------------------------|-----------------------------------------------|
| **DOMESTIC (circle province):**          |                          |                                    | Chicks                                       |
| BC AB SK MB ON QC Atlantic              | %                        | weeks weeks                        | ☐                                            |
| **DOMESTIC – OTHER PROVINCES (circle province):** |                          |                                    | ☐                                            |
| BC AB SK MB ON QC Atlantic              | %                        | weeks weeks                        | ☐                                            |
| **IMPORTED:**                            |                          |                                    | ☐                                            |

*Please use this as a guide if hatchery uses the following description: *young flocks* (or small chicks) - 30 wks and younger; *prime flocks* (or medium/standard chicks) – 31 to 50; *old flocks* (or large chicks) – 51 and older.

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**Please call the hatcheries to confirm breeder flock source**  
**NOTE**: These data are critical for our analysis.
13. Hatchery Drug Use – Please indicate drug(s) used at the hatchery for this growing cycle. Please call the hatchery to confirm drug use, dose and reasons for use. These information are critical for our analysis.

Check here  if NO antimicrobials were given at the hatchery.

| Antimicrobial  | Brand name       | Route (choose only one) | Dose per egg or chick | Proportion of chicks medicated |
|----------------|------------------|-------------------------|-----------------------|--------------------------------|
| Ceftiofur      | Excenel*         | In ovo                  | (circle) μg, mg, ml   | 1-25% 25-50% 51-75% 76-100%     |
|                |                  | Subcutaneous            | Routine: 0.10 to 0.20 mg/egg or chick |                  |
|                |                  | Per os                  |                       |                                |
| Enrofloxacin   | Baytril*         | In ovo                  | (circle) μg, mg, ml   | 1-25% 25-50% 51-75% 76-100%     |
|                |                  | Subcutaneous            |                       |                                |
|                |                  | Per os                  |                       |                                |
| Gentamicin     | Gentocin*        | In ovo                  | (circle) μg, mg, ml   | 1-25% 25-50% 51-75% 76-100%     |
|                |                  | Subcutaneous            | Approved dose: 0.20 mg/egg or chick |                  |
|                |                  | Per os                  |                       |                                |
| Lincomycin-Spect. | Linco-Spectin* | In ovo                  | (circle) μg, mg, ml   | 1-25% 25-50% 51-75% 76-100%     |
|                |                  | Subcutaneous            | Routine: 0.75 mg/egg or chick* |                  |
|                |                  | Per os                  |                       |                                |
| Others (please specify) | | In ovo                  | (circle) μg, mg, ml   | 1-25% 25-50% 51-75% 76-100%     |
|                |                  | Subcutaneous            |                       |                                |
|                |                  | Per os                  |                       |                                |

* based on 11 mg/kg body weight (or egg/chick weight equivalent) or 0.75 mg/chick consisting of 0.5 mg spectinomycin and 0.25 mg lincomycin.

14. Reasons for Drug use- Please indicate reasons for drug use

| Antimicrobial (from #13, e.g., ceftiofur) | Primary Reason for Medication Use (Please choose only one primary reason) | Please indicate the target disease for this antimicrobial use (Please check all that apply) |
|-----------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------|
| ☐ Disease Prevention                    | ☐ E. coli                                       |
| ☐ Disease Treatment                     | ☐ Enterococcus cecorum                          |
| ☐ Producer Request                      | ☐ Salmonella                                     |
| ☐ High risk breeder flock source (e.g., young, old) | ☐ Staphylococcus                                |
| ☐ Early clostridial infections          | ☐ Other diseases (please specify):              |
**BROILER FARM QUESTIONNAIRE**

**FULL GROW-OUT PERIOD**

Flock ID Code: BCSF

VET ID Code: BCSV

15. **Hatchery-level vaccinations** (day 18 of embryonation or at hatch ONLY for this section). Please check all of the vaccines administered at the hatchery.

Check here ☐ if NO vaccines/bacterins administered at the hatchery.

| Agent                        | Trade names/brand, manufacturer                                                                 |
|------------------------------|-----------------------------------------------------------------------------------------------|
| Coccidiosis vaccines        | □ Coccivac-B52 (Merck AH)  
□ Coccivac-D2 (Merck AH)  
□ Hatchpak Cocci III (Merial-BI)  
□ Immucox for chickens I (Ceva AH)  
□ Immucox for chickens II (Ceva AH)  
□ Others, please specify: __________________ |
| Bronchitis vaccines         | □ Bronchitis Vaccine, Mass. (Zoetis)  
□ Bronchitis Vaccine, Mass. freeze-dried (Merial-BI)  
□ IB Vac H, Mass. Holland Strain (Merck AH)  
□ Mildvac Ma5, Mass. (Merck AH)  
□ Bronchitis Vaccine, Mass. + Conn. (Zoetis)  
□ Others, please specify: __________________ |
| Infectious Bursal Disease   | □ 89/03, variant, frozen (Merck AH)  
□ Avipro Vibursa CE (LAHI)  
□ Bursal Disease S-706 (Merial-BI)  
□ Bursa Blen M (Merial-BI)  
□ Bursavac (Merck AH)  
□ Bursimune (Ceva AH)  
□ Bursine 2 (Zoetis)  
□ Clonevac D78 (Merck AH)  
□ Poulvac Bursaplex (Zoetis)  
□ SVS 510 (Merial-BI)  
□ Univax BD (Merck AH)  
□ Univax Plus (Merck AH)  
□ Others, please specify: __________________ |
| Marek’s Disease             | □ Cevac MD-HVT (Ceva AH)  
□ Marek’s HVT (Merial-BI)  
□ MD-VAC Frozen (Zoetis)  
□ Others please specify: __________________ |
| Marek’s Disease + Infectious Bursal Disease | □ Bursal Disease-Marek’s Disease (Merial-BI)  
□ Vaxxitek HVT+IBD (Merial-BI)  
□ Vectormune HVT+IBD (Ceva AH)  
□ Others please specify: __________________ |
| Marek’s Disease + Newcastle Disease | □ Innovax, MD Vectored (Merck AH)  
□ Others please specify: __________________ |
| Reovirus                    | □ Enterovax (Merck AH)  
□ Others please specify, e.g., autogenous: __________________ |
| Bacterial organisms         | □ Salmonella, Avipro MeganVAC1 (LAHI)  
□ Salmonella, Poulvac ST (Zoetis)  
□ Salmonella, Salmune (Ceva AH)  
□ E. coli, Poulvac E. coli (Zoetis)  
□ Others please specify: __________________ |
**BROILER FARM QUESTIONNAIRE**

**FULL GROW-OUT PERIOD**

**Flock ID Code:** BCSF  
**VET ID Code:** BCSV

**CIPARS/FOODNET CANADA.FC.2019**

16. **Level of Biosecurity.**

| 1. Access Management |  |
|----------------------|--|
| Presence of livestock and poultry within a 1 km radius or within farm premises | ☐ No  
☐ Yes – please specify  
- Cattle  
- Pigs  
- Turkeys  
- Layers  
- Others: __________________________ |

| Presence of domestic (non-livestock) and wild animals on-farm (as observed at the time of visit) | ☐ No  
☐ Yes  
- Dogs  
- Cats  
- Horses  
- Others: __________________________ |

| Recognizable biosecurity zones (controlled access zone delineated from restricted access zone) | ☐ No  
☐ Yes |

| Foot bath/boot dip | ☐ No  
☐ Yes |

| Danish entry system (has a detailed barn entry protocol) | ☐ No  
☐ Yes |

| Personal protective equipment required for access to production area | ☐ No  
☐ Yes (check all that apply)  
- Boots  
- Gloves  
- Coveralls/Designated farm clothes |

| 2. Animal health management |  |
|----------------------------|--|
| Downtime² between flocks | ☐ No  
☐ Yes: Days: |

| 3. Operational management |  |
|----------------------------|--|
| Daily dead bird collection/removal from production area | ☐ No  
☐ Yes |

| Manure stored within farm premise | ☐ No  
☐ Yes  
- Adjacent to barns  
- Designated storage within the production area (controlled access zone). If stored on-farm, please specify: STORAGE DURATION: ____________ (days)  
- Others: ____________ |

| Manure removal (check all applicable) | ☐ Removed from barn under nutrient management plan  
- On-farm composting  
- Spread on field adjacent to production area (within 0.5 km)  
- Spread on field >1 km away by producer  
- Spread on field elsewhere by contracted services  
- Others: ____________ |

If spread on field by producer, circle approximate spreading months:  
- JAN  
- FEB  
- MAR  
- APR  
- MAY  
- JUN  
- JUL  
- AUG  
- SEP  
- OCT  
- NOV  
- DEC

*White copy:* Public Health Agency;  *Yellow copy:* Field worker/poultry veterinarian;  *Pink copy:* Producer
**Level of Biosecurity, continued**

| Question                                                                 | Yes/No | Details                                                                 |
|--------------------------------------------------------------------------|--------|------------------------------------------------------------------------|
| **Integrated pest control program**                                      | No     | Yes - please specify **pest program**:                                   |
| Rodents                                                                  |        | select boxes:                                                           |
| check all applicable:                                                    |        | bait stations, traps, others                                           |
| Beetles                                                                  |        | select boxes:                                                           |
| check all applicable:                                                    |        | insecticide, others                                                    |
| Wild birds                                                               |        | select boxes:                                                           |
| check all applicable:                                                    |        | traps, screenings, others                                              |
| Flies                                                                    |        | select boxes:                                                           |
| check all applicable:                                                    |        | fly screens, traps, insecticides, others                                |
| Other programs                                                           |        | select boxes:                                                           |
|                                                                        |        |                                                                       |
| **Premise sanitation** (before this cycle)                               | No     | Yes - check all applicable                                              |
|                                                                        |        | Washed, Hot water washed, Dry clean, Dry clean & washed, Dry clean and hot water washed, Other: |
| **Disinfection** (NOTE: information required is before this cycle only, not for the year) | No     | Yes – please specify **chemical used**: (you may use Appendix 1 for reference) |
|                                                                        |        | select boxes:                                                           |
| Quat, by: (for pressure)                                                  |        | flood (↓ pressure), ↑ pressure, fog/thermofog                           |
| Aldehydes, by:                                                           |        | flood (↓ pressure), ↑ pressure, fog/thermofog                           |
| Phenol, by:                                                              |        | flood (↓ pressure), ↑ pressure, fog/thermofog                           |
| Chlorine-based, by:                                                     |        | flood (↓ pressure), ↑ pressure, fog/thermofog                           |
| Iodine, by:                                                              |        | flood (↓ pressure), ↑ pressure, fog/thermofog                           |
| Multi-ingredient product, by:                                            |        | flood (↓ pressure), ↑ pressure, fog/thermofog                           |
| Other:                                                                   |        | select boxes:                                                           |
|                                                                        |        |                                                                       |
| **Water source**                                                         |        | select boxes:                                                           |
| Municipal                                                                |        |                                                                        |
| Well water                                                               |        |                                                                        |
| Dug (excavated below the ground water table, ~ 10 to 30 feet deep)       |        |                                                                        |
| Drilled shallow (≤ 100 feet deep)                                        |        |                                                                        |
| Drilled deep (≥ 100 feet deep)                                           |        |                                                                        |
| Other:                                                                   |        |                                                                        |
| Other (lakes, rivers, ponds, cisterns):                                   |        |                                                                        |
| **Water analysis done regularly**                                        | No     | Yes – please specify **frequency of testing**:                          |
|                                                                        |        | select boxes:                                                           |
| Monthly                                                                  |        |                                                                        |
| 2x yearly                                                                |        |                                                                        |
| Yearly                                                                   |        |                                                                        |
| Other                                                                    |        |                                                                        |
| **Water treatment between flocks**                                       | No     | Yes – please specify **products used**:                                 |
|                                                                        |        | select boxes:                                                           |
| Chlorine                                                                 |        | Reverse osmosis                                                         |
| Chlorine dioxide                                                        |        | Sodium Hydrogen Sulfate (e.g., PWT)                                    |
| H. peroxide                                                             |        | Premise disinfectants (e.g., aldehydes)                                |
| H₂O acidifiers                                                          |        | Ultraviolet                                                             |
| Iodine                                                                   |        | Other (please specify):                                                 |
|                                                                        |        |                                                                        |
| **Water treatment during growing period (birds present)**                | No     | Yes – please specify **products used if different from above**:         |
|                                                                        |        |                                                                        |

1 Self-Evaluation Checklist. National Avian On-Farm Biosecurity Standard. [http://www.inspection.gc.ca/english/animal/biosec/aviafrme.pdf](http://www.inspection.gc.ca/english/animal/biosec/aviafrme.pdf).
2 Downtime: A period of time between flocks, starting with a barn being emptied of birds and ending with the placement of new birds. It allows for the natural reduction in numbers of disease causing micro-organisms within the barn (Safe, Safer, Safest. CFC OFFSP Program).
17. **LIST ALL OF THE RATIONS** fed to this flock (BARN LEVEL) during the **entire broiler grow-out period**.

**Attention:** These data are critical for our analysis!

| Ration # | Ration Name | Start (Age in days) | End (Age in days) | Total Days Fed |
|----------|-------------|---------------------|-------------------|----------------|
| 1        |             |                     |                   |                |
| 2        |             |                     |                   |                |
| 3        |             |                     |                   |                |
| 4        |             |                     |                   |                |
| 5        |             |                     |                   |                |
| 6        |             |                     |                   |                |
| 7        |             |                     |                   |                |

**NOTE:** THIS TOTAL SHOULD EQUAL THE TOTAL GROWING PERIOD (DAYS) FROM CHICK PLACEMENT TO SAMPLING DAY

⇒ Total # of days:
18. In the table below complete one line for each ration listed above including non-medicated rations.
   - The ration names provided in the table above (Question 17) MUST correspond to the ration names used in the table below.
   - If for one of the above named rations there is ANY change in MEDICATION then fill in a new line for each change e.g., medicated to non-medicated, change in inclusion rates, change in drug incorporated. You do not need to start a new line if there is a change in ration formulation from a nutrient perspective. A new line is only needed for medication changes.
   - Additional space is available over the next page.
   - You may use Appendix 2 as a reference to fill in the third column, specify in this table if the antimicrobial is not listed in the appendix.
   - Tonnes fed is no longer required; the breed standards will be used to estimate feed consumption.

Attention: These data are critical for our analysis. Please fill in all of the information requested.

| RATION NAME (From #17) Please use one line for each antimicrobial per ration and check corresponding PRIMARY reason for each) | IS THE FEED MEDICATED? | NAME OF ACTIVE INGREDIENTS (You may use Appendix 2 for reference) | GRAMS OF ACTIVE INGREDIENT per Tonne | Veterinary prescription available? | Primary Reason For Medication Use (PLEASE CHOOSE ONLY ONE PRIMARY REASON ) |
|---|---|---|---|---|---|
| | Yes | No | Grams/tonne | Yes | No | Yes | No | No | No | Yes | No | A B C D E F G | A B C D E F G |
| | Yes | No | Grams/tonne | Yes | No | Yes | No | No | No | Yes | No | A B C D E F G | A B C D E F G |
| | Yes | No | Grams/tonne | Yes | No | Yes | No | No | No | Yes | No | A B C D E F G | A B C D E F G |
| | Yes | No | Grams/tonne | Yes | No | Yes | No | No | No | Yes | No | A B C D E F G | A B C D E F G |
| | Yes | No | Grams/tonne | Yes | No | Yes | No | No | No | Yes | No | A B C D E F G | A B C D E F G |
| | Yes | No | Grams/tonne | Yes | No | Yes | No | No | No | Yes | No | A B C D E F G | A B C D E F G |
### Broiler Farm Questionnaire

**Full Grow-Out Period**

**Flock ID Code:** BCSF  
**Vet ID Code:** BCSV

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**FEED MEDICATION, CONTINUED**

| RATION NAME (From #17) Please use one line for each antimicrobial per ration and check corresponding PRIMARY reason for each | IS THE FEED MEDICATED? | NAME OF ACTIVE INGREDIENTS (You may use Appendix 2 for reference) | GRAMS OF ACTIVE INGREDIENT per Tonne | Veterinary prescription available? | Primary Reason For Medication Use  
(Please choose only one primary reason) | If Disease Prevention (Circle all that apply) | If Disease Treatment (Circle all that apply) |
|---|---|---|---|---|---|---|---|
|  | Yes | No | Yes | No | Growth promotion | A  B  C  D  E  F  G | A  B  C  D  E  F  G |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

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*White copy:* Public Health Agency;  *Yellow copy:* Field worker/poultry veterinarian;  *Pink copy:* Producer
19. **ANTIMICROBIALS VIA DRINKING WATER** for the cycle. Please report barn-level medication. Please indicate brand name or the number codes in APPENDIX 2, specify in this table if not listed in the appendix.

Check here ☒ if **NO** antimicrobials added to the drinking water (water medications) during this period.

| Antimicrobial used | Total packages used throughout the duration of treatment | AGE MEDICATED (Indicate age interval in days; e.g., 24-29 days) | Is the FLOOR sampled medicated at least once? | ESTIMATED % of BARN medicated at least once | Prescription provided? | Over the counter (OTC) purchase? | Primary Reason For Medication Use (PLEASE CHOOSE ONLY ONE PRIMARY REASON) |
|--------------------|---------------------------------------------------------|------------------------------------------------------------|---------------------------------------------|---------------------------------------------|------------------------|-------------------------------|---------------------------------------------------------------|
|                    | (Indicate brand name or number codes from Appendix 2)   |                                                             |                                             |                                             |                        |                               | Growth promotion                                                      |
|                    |                                                         | ___ - ___ days                                              | ☐ Yes                                       | ☐ No                                        | ☐                      | ☐                              | If Disease Prevention (CIRCLE all that apply)                  |
|                    |                                                         |                                                             |                                             |                                             |                        |                               | A  B  C  D  E  F  G                                                |
|                    |                                                         |                                                             |                                             |                                             |                        |                               | If Disease Treatment (CIRCLE all that apply)                    |
|                    |                                                         |                                                             |                                             |                                             |                        |                               | A  B  C  D  E  F  G                                                |
|                    |                                                         |                                                             |                                             |                                             |                        |                               | A  B  C  D  E  F  G                                                |
|                    |                                                         |                                                             |                                             |                                             |                        |                               | A  B  C  D  E  F  G                                                |
|                    |                                                         |                                                             |                                             |                                             |                        |                               | A  B  C  D  E  F  G                                                |
|                    |                                                         |                                                             |                                             |                                             |                        |                               | A  B  C  D  E  F  G                                                |
|                    |                                                         |                                                             |                                             |                                             |                        |                               | A  B  C  D  E  F  G                                                |

White copy: Public Health Agency; Yellow copy: Field worker/poultry veterinarian; Pink copy: Producer
**FLOCK HEALTH STATUS** *(PLEASE check all applicable based on overall clinical assessment of the flock, health records or by asking the producer; these are critical for our analysis. If no response was provided for a specific disease, we will assume this to be LIKELY NEGATIVE.)*

Check here ☐ if there was no disease syndrome noted during the grow-out period.

| Infectious diseases/syndromes | FLOCK DISEASE STATUS | DIAGNOSIS WAS BASED ON (Check all that apply) | WERE ANTIMICROBIALS USED TO CONTROL OR TREAT THIS CONDITION? |
|------------------------------|----------------------|-----------------------------------------------|-------------------------------------------------------------|
|                              | Confirmed Negative   | Likely Negative | Likely Positive | Confirmed Positive | Clinical signs | Post-mortem | Laboratory testing | YES | NO | DON'T KNOW |
| A. Yolksacculitis            | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| B. Septicemia               | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| C. Necrotic Enteritis        | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| D. Staphylococcal/tenosynovitis | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| E. Vertebral Osteomyelitis/Spondylitis | ○                | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| F. Infectious Bursal Disease (IBD) | ○                | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| G. Inclusion Body Hepatitis (IBH) | ○                | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| H. Infectious Bronchitis (IBV) | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| I. Chicken Anemia Virus (CAV) | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| J. Reovirus                 | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| K. Paratyphoid Salmonella    | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| L. Coccidiosis              | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| M. Airsacculitis            | ○                    | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |
| N. Other infections: please specify | ○                | ○                | ○               | ○                  | ☐              | ☐              | ☐              | ○   | ○ |          |

*White copy: Public Health Agency; Yellow copy: Field worker/poultry veterinarian; Pink copy: Producer*
## BROILER FARM QUESTIONNAIRE
### FULL GROW-OUT PERIOD

| CIPARS/FOODNET CANADA.FC.2019 |
|--------------------------------|

| Flock ID Code: |
|----------------|
| VET ID Code:   |

White copy: Public Health Agency; Yellow copy: Field worker/poultry veterinarian; Pink copy: Producer
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21. VACCINES AND OTHER PRODUCTS ADMINISTERED TO FLOCK AFTER CHICK PLACEMENT (CHECK ALL APPLICABLE AND INDICATE AGE OF FLOCK AT ADMINISTRATION)

Check here ☑ if NO vaccines/bacterins were administered DURING GROW-OUT PERIOD.

| Agent                          | Trade names/brand, manufacturer                      | Days administered |
|--------------------------------|------------------------------------------------------|-------------------|
| Coccidiosis vaccines          | ☑ Coccivac-B52 (Merck AH)                            | days              |
|                                | ☑ Coccivac-D2 (Merck AH)                             | days              |
|                                | ☑ Hatchpak Cocci III (Merial-BI)                     | days              |
|                                | ☑ Immucoc for chickens I (Ceva AH)                  | days              |
|                                | ☑ Immucoc for chickens II (Ceva AH)                 | days              |
|                                | ☑ Others, please specify:                           |                   |
| Bronchitis vaccines            | ☑ Bronchitis Vaccine, Mass. (Zoetis)                 | days              |
|                                | ☑ Bronchitis Vaccine, Mass. freeze-dried (Merial-BI) | days              |
|                                | ☑ IB Vac H, Mass. Holland Strain (Merck AH)         | days              |
|                                | ☑ Mildvac Ma5, Mass. (Merck AH)                     | days              |
|                                | ☑ Bronchitis Vaccine, Mass + Conn (Zoetis)          | days              |
|                                | ☑ Others please specify:                            |                   |
| Infectious Bursal Disease      | ☑ Avipro Vibursa CE (LAHI)                           | days              |
|                                | ☑ Bursal Disease S-706 (Merial-BI)                  | days              |
|                                | ☑ Bursa Blen M (Merial-BI)                           | days              |
|                                | ☑ Bursavac (Merck AH)                               | days              |
|                                | ☑ Bursimune (Ceva AH)                               | days              |
|                                | ☑ Bursine 2 (Zoetis)                                | days              |
|                                | ☑ Clonevac D78 (Merck AH)                            | days              |
|                                | ☑ Poulvac Bursaplex (Zoetis)                         | days              |
|                                | ☑ SVS 510 (Merial-BI)                               | days              |
|                                | ☑ Univax BD (Merck AH)                              | days              |
|                                | ☑ Univax Plus (Merck AH)                            | days              |
|                                | ☑ Others please specify:                            |                   |
| Newcastle Disease              | ☑ Please specify:                                   | days              |
| Reovirus                       | ☑ Enterovax (Merck AH)                              | days              |
|                                | ☑ Others please specify, e.g., autogenous:          |                   |
| Bacterial agents               | ☑ Salmonella, Avipro MeganVAC1 (LAHI)                | days              |
|                                | ☑ Salmonella, Poulvac ST (Zoetis)                    | days              |
|                                | ☑ Salmonella, Salmune (Ceva AH)                     | days              |
|                                | ☑ E. coli, Poulvac E. coli (Zoetis)                 | days              |
|                                | ☑ Others, please specify:                           |                   |
| Other bacterial or viral agents| ☑ Please specify:                                   | days              |
|                                | ☑ Please specify:                                   |                   |
| Non-antimicrobial additives or animal health products | ☑ Acidifiers: please specify (e.g., Gallinat+, Gallinat600) | days |
|                                | ☑ Prebiotics: please specify (e.g., Actigen, Citristim): | days |
|                                | ☑ Probiotics: please specify (e.g., Floractin):     | days              |
|                                | ☑ Others, please specify:                           |                   |
### Appendix 1. Premise disinfectant list for poultry
(Source: Compendium of Vet. Products Online, Accessed: November, 2017)

| Active ingredient                  | Brand name                                                                 |
|-----------------------------------|-----------------------------------------------------------------------------|
| Chlorhexidine                     | Hibitane® Disinfectant (Zoetis)                                             |
| Chlorine/sulfate                  | Virkon® Disinfectant/Cleaner P.W.S. Virucide (Vétoquinol)                   |
|                                   | Virkon® Tablets (Vétoquinol)                                                |
| Hydrogen peroxides                | Cid 2000 (Merial)                                                            |
|                                   | HemaPeroxy Liquid Disinfectant (AVL)                                        |
|                                   | Hyperox (Vétoquinol)                                                        |
| Iodine complex                    | Barn-Storm Iodine Cleaner Sanitizer (Ostrem)                                |
|                                   | Biodine (Dominion)                                                          |
|                                   | Premise Disinfectant (West Penetone)                                        |
|                                   | Wescodyne® (West Penetone)                                                  |
| Phenol                            | 1-Stroke Environ® (Steris)                                                  |
|                                   | LpH ag® (Steris)                                                            |
|                                   | Multi-Phenolic Disinfectant (Bio Agri Mix)                                  |
|                                   | Tek-trol (Pro Ag)                                                           |
| Quaternary ammonium (quat)        | Amazing! Nok Out™ Odor Eliminator (OdorTECH)                               |
|                                   | BioSentry® 904 Disinfectant (Haco)                                           |
|                                   | BioSentry® 904 Disinfectant (Vétoquinol)                                   |
|                                   | BioSentry® BioQuat™ 20 Disinfectant (Haco)                                  |
|                                   | BioSentry® BioQuat™ 20 Disinfectant (Vétoquinol)                            |
|                                   | Clinicide (Bimeda-MTC)                                                      |
|                                   | Coverage 256® (Steris)                                                      |
|                                   | Gluquat (West Penetone)                                                     |
|                                   | PF 300 (DuBois)                                                             |
|                                   | Proquat™ (Engage)                                                           |
|                                   | Viropex 1 (Agrisan)                                                         |
| Various ingredient                | Aseptol 2000® (SEC Repro)                                                   |
|                                   | Amazing! Knok-out (Odortek)                                                  |
|                                   | BioSentry® Acid-A-Foam™ (Haco)                                               |
|                                   | BioSentry® Acid-A-Foam™ (Vétoquinol)                                        |
|                                   | BioSentry® Liquid Tray & Egg Wash (Haco)                                    |
|                                   | BioSentry® Liquid Tray & Egg Wash (Vétoquinol)                              |
|                                   | Fumalyse II (Bio Agri Mix)                                                   |
|                                   | Premicide 277 (Agrisan)                                                     |
|                                   | Profilm® (Haco)                                                             |
|                                   | Profilm® (Vétoquinol)                                                       |
|                                   | Spectragen (SEC Repro)                                                      |
|                                   | Synergize (Pro-Ag)                                                          |
|                                   | Virocid® (Merial)                                                           |
| Benzyl ammonium chloride          | Bioxy Enviro (UKAL Canada)                                                   |
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Appendix 2. Veterinary Drug Listing, Canada (Source: Compendium of Vet. Products Online, Accessed Nov. 24, 2017)

A. In-feed medications

| Codes | Brand name | Active ingredient |
|-------|------------|-------------------|
| F1    | BMD® 110 G | Bacitracin         |
| F2    | Bacitracin MD (BioAgri-mix) | Bacitracin         |
| F3    | Flavomycin® 4 (Huvepharma AD) | Bambermycin       |
| F4    | Aureomycin® 220 G (Zoetis) | Chlortetraycline  |
| F5    | Chlor 100 Medicated Premix (BioAgri Mix) | Erythromycin     |
| F6    | Gallimycin® 50 (BioAgri-Mix) | Oxytetraycline    |
| F7    | Oxyso-220  | Oxysol-440        |
| F8    | Oxyso-440  | Oxysol-220        |
| F9    | Oxytetraycline 50 Premix (BioAgri Mix) | Oxysol-440       |
| F10   | Oxytetraycline 100 Premix (BioAgri Mix) | Oxysol-220       |
| F11   | Oxytetraycline 200 Premix (BioAgri Mix) | Oxysol-440       |
| F12   | Terramycin® 50 Premix (Phibro) | Penicillin G Procaine |
| F13   | Terramycin® 100 Premix (Phibro) | Penicillin G Procaine |
| F14   | Terramycin® 200 Premix (Phibro) | Penicillin G Procaine |
| F15   | Penicillin G Procaine 110 (BioAgri Mix) | Penicillin G Procaine |
| F16   | Tylan® 10 (Elanco) | Tylosin phosphate |
| F17   | Tylan® 40 (Elanco) | Tylosin phosphate |
| F18   | Tylan® 100 (Elanco) | Tylosin phosphate |
| F19   | Tylosin 40 (BioAgri Mix) | Tylosin phosphate |
| F20   | Stafac® 22 (Phibro) | Virginiamycin |
| F21   | Stafac® 44 (Phibro) | Virginiamycin |
| F22   | Stafac® 500 (Phibro) | Virginiamycin |
| F23   | Virginiamycin 44 Premix (BioAgri Mix) | Virginiamycin |
| F24   | Uniprim | Trimethoprim-sulfadiazine |
| F25   | Surmax | Avilamycin |

**Anticoccidials**

| Codes | Brand name | Active ingredient |
|-------|------------|-------------------|
| F26   | Amprol® 25% Feed Mix (Huvepharma AD) | Amprolium |
| F27   | Coyden® 25% (Huvepharma AD) | Clopidol |
| F28   | Decoctx® 6% Premix (Zoetis) | Decoquatine |
| F29   | Clinacox® 0.5% Premix (Elanco) | Diclazuril |
| F30   | Avatec® 20 Medicated Premix (Zoetis) | Lasalocid |
| F31   | Bovatec 20 Medicated Premix (Zoetis) | Lasalocid |
| F32   | Cygro® 1% Premix (Zoetis) | Maduramicin |
| F33   | Coban® Premix (Elanco) | Monensin |
| F34   | Monensin Premix (BioAgri Mix) | Monensin |
| F35   | Rumensin® Premix (Elanco) | Rumensin |
| F36   | Monteban® 100 Elanco | Narasin |
| F37   | Maxiban® | Narasin-Nicarbazin |
| F38   | Nicarb® (Huvepharma AD) | Nicarbazin |
| F39   | Robenz® Medicated Feed (Zoetis) | Robenidine |
| F40   | Coxistac® 6% Premix (Phibro) | Salinomycin |
| F41   | Coxistac® 12% Premix (Phibro) | Salinomycin |
| F42   | Sacox® 120 (Huvepharma AD) | Salinomycin |
| F43   | Salinomycin 60 Premix (BioAgri Mix) | Salinomycin |
| F44   | Posistac® 6% (Phibro) | Zoalene |
| F45   | Zoamix® (Huvepharma AD) | Zoalene |

**Other antimicrobials/anticoccidials (new/not listed)**

| Codes |
|-------|
| F46   |
| F47   |
| F48   |
| F49   |
| F50   |
## Broiler Farm Questionnaire

### Full Grow-Out Period

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B. Water medication

| Code | Brand name                                      | Active ingredient                  |
|------|-------------------------------------------------|------------------------------------|
| W1   | Amoxicillin SP (BioAgri Mix)                    | Amoxicillin                        |
| W2   | Paracillin® SP (Merck AH)                       |                                    |
| W3   | Apralan® (Elanco)                               | Apramycin sulfate                  |
| W4   | Lincomix® Soluble Powder (Zoetis)               | Lincomycin                          |
| W5   | Lincomycin Soluble Powder (BioAgri Mix)         |                                    |
| W6   | LinxMed-SP (Bimeda-MTC)                         |                                    |
| W7   | Lincomycin Spectinomycin 100 Soluble Powder (BioAgri Mix) | Lincomycin+Spectinomycin |
| W8   | Linco-Spectin® 100 Soluble Powder (Zoetis)      |                                    |
| W9   | Neomed 325 (Medprodex)                         | Neomycin                            |
| W10  | Neomycin 325 (Vetoquinol)                       |                                    |
| W11  | Neomycin SP (AVL)                              |                                    |
| W12  | NeoOxytet SP (AVL)                             | Neomycin+oxytet.                    |
| W13  | Neotet Soluble Concentrate (Dominion)           |                                    |
| W14  | Neo-Chlor® (Vetoquinol)                         | Neomycin+tetracycline               |
| W15  | Neo-Tetramed (Medprodex)                        |                                    |
| W16  | Oxy 250 (Medprodex)                            | Oxytetracycline                     |
| W17  | Oxy 1000 (Jaapharm)                            |                                    |
| W18  | Oxyol 62.5 (Vetoquinol)                        |                                    |
| W19  | Oxy Tetra-A (Dominion)                         |                                    |
| W20  | Oxy Tetra Forte (Dominion)                     |                                    |
| W21  | Oxytetracycline HCl Soluble Powder 1,000 (BioAgri Mix) |                                    |
| W22  | Booster P S Conc. (Jaapharm)                   | Penicillin+Spectinomycin+Vitamin(s) |
| W23  | Super Booster™ (Vetequinol)                     |                                    |
| W24  | Vibiomed Booster (Medprodex)                   |                                    |
| W25  | Penicillin G Potassium USP Soluble, 500 M IU (BioAgri Mix) | Penicillin G potassium |
| W26  | Penicillin G Potassium USP Soluble, 15,000 M IU (BioAgri Mix) |                                    |
| W27  | Pot-Pen™, 500 M IU (Vetoquinol)                 |                                    |
| W28  | Pot-Pen™, 15,000 M IU (Vetoquinol)              |                                    |
| W29  | Sodium Sulfamethazine 12.5% Solution (Dominion) | Sulfamethazine                     |
| W30  | Sodium Sulfamethazine 25% Solution (Dominion)   |                                    |
| W31  | Sodium Sulfamethazine 25% Solution (PVL)        |                                    |
| W32  | Sulfa 25% Solution (Bimeda-MTC)                 |                                    |
| W33  | Sulfamethazine 25 Solution (AVL)                |                                    |
| W34  | Onycin 250 (Vetoquinol)                         | Tetracycline                        |
| W35  | Onycin 1000 (Vetoquinol)                        |                                    |
| W36  | Tetra 55 (Jaapharm)                            |                                    |
| W37  | Tetra 250 (Jaapharm)                           |                                    |
| W38  | Tetra 1000 (Jaapharm)                          |                                    |
| W39  | Tetra 1000 (Dominion)                          |                                    |
| W40  | Tetra 1000 (Dominion)                          |                                    |
| W41  | Tetra 250 (Vetoquinol)                         |                                    |
| W42  | Tetracycline Hydrochloride (Dominion)           |                                    |
| W43  | Tetracycline Hydrochloride (PVL)                |                                    |
| W44  | Tetramed 250 (Medprodex)                       |                                    |
| W45  | Tetramed 1000 (Medprodex)                      |                                    |
| W46  | Tylan® Soluble (Elanco)                        | Tylosin tartrate                    |
| W47  | Tylosin Soluble Powder (BioAgri Mix)            |                                    |

**Anticoccidial-water medication and other antimicrobials/anticoccidials (new, not listed)**

| Code | Brand name                                      | Active ingredient                  |
|------|-------------------------------------------------|------------------------------------|
| W48  | Amprol® 9.6% Solution (Huvepharmad AD)          | Amprolium                           |
| W49  | Ampromed (Bimeda MTC)                           |                                    |
| W50  | Quinnoxine-S (Vetoquinol)                       | Pyrimethamine-Sulfamethazine       |
| W51  | Sulfadimethoxine Concentrate 19.2% (AVL)        | Sulfadimethoxine                    |
| W52  | Sulfadimethoxine 19.2% Liquid Concentrate (Dominion) | Sulfadimethoxine                  |
| W53  | Baytril                                         | Enrofloxacin                        |
| W54  |                                                |                                    |
| W55  |                                                |                                    |