

Spiking Male Registration Form

Mandatory as of October 1, 2017

Date sent to the Commission office: _____

Sent Via: Fax: Email: Mail: In Person:

Shipping Date: _____ Age of Males at Transfer: _____

Date Test Results Received: _____ Expiry Date: _____

Part One: Supplier Producer to Fill In

Farm Name (Supplier): _____

Farm Name (Receiver): _____

Has your flock been tested for the following diseases in the last 10 days:

- Avian Influenza
- SE
- Coryza
- Other

- Hatching Egg Producers who are selling roosters are encouraged to pay for these tests -

Please check that you attached the lab results to this checklist to submit to the Commission office

Has your flock experienced any health issues? Yes No

Please explain: _____

Supplier Producer

Print Name:

Signature:

Part Two: Receiving Producer to fill in and submit

Have you seen the lab results and asked direct questions on the health status of the males being added to your flock?

Yes No

Are the crates¹ used for transport purposed clean and disinfected?

Yes No

Did the transfer of Spiking Males take place outside of the Control Access Zone?

Yes No

Receiving Producer

Print Name:

Signature:

Expiry Date:

(10 days from the date of the seller receives test results)

- FOR OFFICE USE ONLY -

Part Three: Commission Office to fill in and file

Date Commission Office received: _____

Was follow-up required? Yes No

Date Commission Office filed: _____

Commission Receiver Signature _____

¹ <http://www.inspection.gc.ca/animals/terrestrial-animals/humane-transport/transport-requirements/eng/1363748532198/1363748620219>