



Spiking Male Farm Plan 2020

Producer Name: _____

Producer Number: _____

Farm Name: _____

Glossary of Terms

Spiking Male: A male moved between premises from lay house to lay house for the purposes of spiking

Lay House: The Production area of a broiler breeder operation that houses both male and female birds

Spiking: Movement of males from lay house to lay house to increase fertility in a lay house

Pullet: An immature female chicken

Male Pullet: An immature male chicken

This form must be completed annually for office information purposes

Criteria List – Ensure that you check off all that apply

Do you use off-site males for spiking purposes?

▪ **No**

- I move males from my spiking male barn to my lay flock
- I move males from lay flock to lay flock
- I move males from a pullet barn to my lay flock
- I move males from a pullet barn to my spiking male barn to my lay flock

○ **What is your back-up plan if you cannot spike on your own site, with your own birds?**

- I will not spike at all
- I will spike from offsite – please complete “Yes” section

▪ **Yes**

- I register my spiking male movements with the Commission office
- I ensure my spiking male registration is complete before submission
- Every spike contains males from one source flock
- My spiking males are less than 30 weeks of age at transfer



Spiking Male Farm Plan 2020

Yes – Continued

- My spiking males are only used in one lay house
- There is a minimum of 14 days between spikes
- My birds are tested for Avian Influenza, Salmonella Enteritidis, Coryza – completed test results are attached to the application¹
- My spiking males are moved within 10 days of receiving my test results. If not, the birds will be re-tested.
- My spiking males are moved in clean and disinfected crates
- I introduce my spiking males in a low stress environment
- My spiking males are marked, and I monitor the flock post spike
- I report all unusual activity within my flock post spike to the Commission; and pay careful attention post spike.

Date	Name	Signature
-------------	-------------	------------------

-Office Use Only-

Date Commission Office received: _____

Commission Receiver Name: _____

Commission Receiver Signature: _____

Farm Plan Number: _____

Staff comments:

¹ The Commission reserves the right to add diseases