**Annex 11 Food chain information model document – Poultry**

|  |  |
| --- | --- |
| **FOOD CHAIN INFORMATION FOR POULTRY** | **Reference no:** |
|  |

**Part 1 – Information about producer and the veterinary surgeon**

**A. Producer details**

|  |  |
| --- | --- |
| Name of producer  and his position,  (for example, keeper, owner.) |  |

|  |  |
| --- | --- |
| Address of producer (farm) | **Postcode** |

**Are you a member of any assurance scheme? YES / NO**

**If** **Yes,**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of assurance scheme** |  | Membership number |  |

|  |  |
| --- | --- |
| **Vet Attestation Number (VAN) if applicable (see** [**https://www.gov.uk/government/publications/veterinary-declaration-for-animal-health-visits**](https://www.gov.uk/government/publications/veterinary-declaration-for-animal-health-visits) **for guidance )** | RCVS no.  CPH no.  Expiry date MM/YY |

**B. Veterinary surgeon and practice details**

|  |  |
| --- | --- |
| **Name of veterinary surgeon** |  |
| **Name and address**  **of veterinary practice** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Email address (if known)** |  | Tel. number |  |

|  |  |
| --- | --- |
| **\*Destination: Slaughterhouse name /approval number (if known):** |  |

**Part 2 – Information about poultry being sent for slaughter**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **House 1** | **House 2** | **House 3** | **House 4** |
| Species |  |  |  |  |
| Breed or hybrid (broilers only) |  |  |  |  |
| Age |  |  |  |  |
| Production type [free range, housed or organic] |  |  |  |  |
| No of birds |  |  |  |  |
| Batch identification reference, for example, trailer / shed no. |  |  |  |  |
| Proposed slaughter date |  |  |  |  |
| \*Maximum stocking density (broilers only) |  |  |  |  |
| \*Mortality % at 14 days |  |  |  |  |
| Mortality % to date or for broilers only: Cumulative daily mortality rate |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of medication prescribed (include vaccines and preventative medicines**  **– coccidiostats)** | | | | **Houses** | | **Date withdrawn** | **Have the withdrawal periods been observed?** | | | | |
|  | | | |  | |  |  | | | | |
|  | | | |  | |  |  | | | | |
|  | | | |  | |  |  | | | | |
| **Has any disease been diagnosed in this shed / house?** | | | | | | | | | | | **YES / NO** |
| **Has the mortality rate been High for a reason other than disease?** | | | | | | | | | | | **YES / NO** |
| **If YES give details** | | |  | | | | | | | | |
| **Is this flock required to be tested under the requirements of the Salmonella national control programme (NCP)?** | | | | | | | | | | | **YES / NO** |
| **If not exempted, please provide:** | | | | | | | | | | | |
| **Date of test** |  | | **Result of test: (negative or positive,**  **including Salmonella type isolated if positive)** | | | | | |  | | |
| **Have any other tests been carried out on the flock for any agents with the potential to cause food-borne disease in humans?** | | | | | | | | | **YES / NO** | | | |
| If **YES** Agent tested for | | |  | | | Date and result of test | | | | |  | |

**Part 3 – Disease history of the holding**

|  |  |  |
| --- | --- | --- |
| **Is the holding under any statutory or voluntary restrictions?** | | **YES / NO** |
| **If YES what restrictions apply?** |  | |

**Provide the following information ONLY if previous consignments were sent to a different slaughterhouse.**

|  |  |  |  |
| --- | --- | --- | --- |
| **In two previous consignments from this (these) house(s) / shed(s) please record the rejection rate:** | | | |
| **Reason for rejection** |  | **% Rejected** |  |
| **Reason for rejection** |  | **% Rejected** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To be signed by the person responsible for completing Parts 1, 2 and 3** | | | | | |
| **Signature of producer** |  | **Date** |  | **Time** |  |

**Part 4 – Slaughterhouse operator’s check and comments**

I accept these birds for slaughter for human consumption.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  | Date |  | Time |
|  |  |  |  |  |
| Comments |  |  |  |  |

**Part 5 – Official or Approved Veterinarian’s check and comments**

FCI checked

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  | Date |  | Time |
|  |  |  |  |  |
| Comments |  |  |  |  |

NB: \* denotes optional requirements but see guidance below.

<https://www.food.gov.uk/about-us/privacy-policy>