

DEPARTMENT OF PATHOBIOLOGY  
Ontario Veterinary College  
&  
ANIMAL HEALTH LABORATORY  
Laboratory Services Division

## HUSBANDRY AND BIOSECURITY SMALL POULTRY FLOCK QUESTIONNAIRE

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This questionnaire is part of the requirements to be a participant in the study entitled: "***Detection and surveillance of significant pathogens in Ontario small poultry flocks***". This study is carried out in collaboration between the Department of Pathobiology (Ontario Veterinary College) and the Laboratory Service Division (Animal Health Laboratory) at the University of Guelph.

Please print your answers.

Date form was completed  
(YYYY/MM/DD): \_\_\_\_\_

Name of the participant (flock owner): \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

AHL case number (if you do not have it yet, leave blank): \_\_\_\_\_

If you have questions, please email or call (519) 824-4120:

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# **1. QUESTIONS PERTAINING TO THE BIRDS THAT YOU ARE SUBMITTING**

All the questions in this section pertain to the birds that are submitted for postmortem today, including the specific group from which these birds are derived.

- **What species of bird are you submitting?**

- (a) Chicken
- (b) Turkey
- (c) Gamebird  Please specify type: (i.e., pheasant) \_\_\_\_\_
- (d) Waterfowl  Please specify type: (i.e., ducks) \_\_\_\_\_

- **Type of production**

**How many birds in the same group?**

- a) Broiler (meat)  \_\_\_\_\_
- b) Breeder  \_\_\_\_\_
- c) Layer  \_\_\_\_\_
- d) Dual-purpose  \_\_\_\_\_
- e) Other  \_\_\_\_\_

If Other, describe \_\_\_\_\_

- **What is your primary reason for raising these birds?**

- a) Self-Consumption (meat or eggs for family) ; b) Farm Gate Sales ;
- c) Breeding Stock ; d) Exhibition ; e) Club ; f) Pet ; g) Other

If Other, describe \_\_\_\_\_

- **What is the source of these birds?**

- a) Feed store ; b) Hatchery ; c) Friends/Neighbours ; d) Other ;

If Other, describe \_\_\_\_\_

- **How long has this group of birds been on your property?** \_\_\_\_\_

- **Are these birds from a mixed group with different species/types of birds (i.e., turkeys and chickens or broilers and layers in the same barn/shed/coop)?** Yes ; No

If Yes, describe: \_\_\_\_\_

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- **Where is this group of birds kept? Check all that apply**

- a) Inside barn/shed/coop
- b) Free-range access during daytime, confined to property
- c) Free-range access during daytime, able to leave property
- d) Free-range 24h access, confined to property
- e) Free-range 24h access, able to leave property
- Other

If Other, describe \_\_\_\_\_  
\_\_\_\_\_

- **Do you have control measures in place for rodents, flies, beetles and other pests?**

Yes ; No

If Yes, describe: \_\_\_\_\_

- **Do you: mix your own poultry feed , pick up feed , or is feed delivered to your premises  ?**

- **Do you feed any kitchen waste or leftovers to your birds? Yes ; No**

- **How do you deal with your dead birds?**

- a) Incineration
- b) Burial
- c) Manure pit
- d) Rendering (deadstock removal)
- e) Composting
- f) Other

g) If Other, describe \_\_\_\_\_

- **What bedding do you use for your birds?**

- a) Soft wood shavings ;    b) Hard wood shavings ;    c) Straw ;  
 d) Sand ;    e) Newspaper ;    f) Other ;

If Other, describe \_\_\_\_\_

- **How often do you remove soiled litter and or fecal material from the barn/shed/coop?**

- a) Daily ;    b) Weekly ;    c) Monthly ;    d) Once a year ;  
 e) When needed ;    f) Never ;

- **How often do you clean and/or disinfect the barn/shed/coop?**

- a) After each flock ;    b) Once a year ;    c) Other ;

If Other, describe \_\_\_\_\_

- **Do you wear dedicated shoes (Yes/No) and/or clothes (Yes/No) when cleaning the barn/shed/coop (circle those that apply)?**

- **Do you use dedicated shoes (Yes/No) and/or clothes (Yes/No) when entering the barn/shed/coop (circle)?**

- **Do you wash your hands before (Yes/No) or after (Yes/No) flock contact (circle)?**

- **Do you disinfect your shoes before (Yes/No) or after (Yes/No) flock contact (circle)?**

- **Do you use a foot bath before (Yes/No) or after (Yes/No) flock contact (circle)?**

- **If Yes, how often is the foot bath changed? \_\_\_\_\_**

- **What disinfectant is used in the foot bath? \_\_\_\_\_**

- **Do you allow guests/visitors into barn/shed/coop? Yes ;    No**

- **If Yes, are guests required to wear dedicated clothing? Yes ;    No**

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• **Do you isolate newly arrived birds?** Yes ; No

• **If Yes, for how long and where do you isolate newly arrived birds?** \_\_\_\_\_  
\_\_\_\_\_

• **Do you isolate birds that are suspected to be sick or are obviously sick?**

Yes ; No

• **Were these birds vaccinated at the hatchery?** Yes ; No

If Yes, for what disease(s)?  
\_\_\_\_\_

• **Did your birds receive additional vaccines?** Yes ; No

If Yes, for what disease(s)? \_\_\_\_\_

• **Have you used any type of medication within the past 12 months?** Yes ; No

If Yes, please provide more details below:

- a) Coccidiosis preventive  Product name: \_\_\_\_\_
- b) Antibiotics  Product name: \_\_\_\_\_
- c) Dewormer  Product name: \_\_\_\_\_
- d) Medication for external parasites  Product name: \_\_\_\_\_
- e) Other  Product name: \_\_\_\_\_

• **Additional information on medication:**

If you have this information, for each medication used, please specify the route of administration (feed, water, injection), the dosage, the duration of application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 2. GENERAL PREMISES QUESTIONS

- **How long have you raised poultry on this property?**

a) < 1 year ; b) 1-2 years ; c) 2-5 years ; d) > 5 years

- **Do you have a wild bird feeder on your property?** Yes ; No

- **Have you noticed wild birds or animals on your property within the past 12 months?**

Yes ; No

If Yes, what birds or animals (i.e., waterfowl, gulls, songbirds, raptors, starlings, raccoons, deer, others) \_\_\_\_\_  
\_\_\_\_\_

- **Do rodents and/or wild animals (including wild birds) have access to your poultry feed and water?** Yes ; No

- **Do you have bodies of water (i.e., ponds, rivers) on your premises that can be accessed by your birds?** Yes ; No

- **Where do you source the drinking water for your birds (well, municipal system, pond)?**  
\_\_\_\_\_

- **Do you treat the water used by your birds (i.e. filtration, ozonation, chlorination)?**

Yes ; No

If Yes, please describe: \_\_\_\_\_

- **Do you have your water tested for bacteria?** Yes ; No

If Yes, how often: \_\_\_\_\_

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• **Do you have any additional domestic animals present on your property?**

			Number	Type
a) Chickens	YES	NO	_____	_____
b) Turkeys	YES	NO	_____	_____
c) Waterfowl	YES	NO	_____	_____
d) Gamebirds	YES	NO	_____	_____
e) Pigeons	YES	NO	_____	_____
f) Other domestic birds (e.g., emus, parrots)	YES	NO	_____	_____
g) Cattle	YES	NO	_____	_____
h) Horses or other equids	YES	NO	_____	_____
j) Sheep or goats	YES	NO	_____	_____
k) Pigs	YES	NO	_____	_____
l) Cats	YES	NO	_____	_____
m) Dogs	YES	NO	_____	_____
n) Other_____	YES	NO	_____	_____

Are any of your birds housed in the same barn with other animals? Yes ; No

If you answered Yes to previous question, which species are housed together?\_\_\_\_\_

• **Do you or someone in your household work in the commercial poultry industry?**

Yes ; No

If Yes, describe:\_\_\_\_\_

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