

DEPARTMENT OF VETERINARY SERVICES
Wisma Tani, Block Podium
Lot 4G1 Presint 4
Pusat Pentadbiran Kerajaan Persekutuan
62630 Putra Jaya
Tel: 603-88702000
Fax : 603-88886472

FARM PROFILE

(To be filled by Farm Veterinarian)

1. PARTICULARS OF OPERATOR

	Company	Farm
Name		
Address		
Post Code		
State		
Phone		
Fax		
Farm Code		
Export Farm Code		
GPS Reading		

2. CATEGORY OF FARMER

Contract Farmer <i>(Name the company with contract signed)</i>	Independent farmer

3. LAND OWNERSHIP

Private Land	Hectares	State Land	Hectares	Statutory Bodies	Hectares	Unknown
Owner		Tol		Tol		
Tenant		Sub-tenant		Sub-tenant		
Squatter		Squatter		Squatter		

4. MAN-POWER

	Number of staff	Health record Please tick (/)	Training record Please tick (/)
Management			
Supervisor			
Veterinarians			
Clerical			
Labourer			
Others			

5. PRODUCTION PER BATCH OR MONTH

	Broiler Production
Output	Maximum Numbers : Minimum Numbers :
Export	Maximum Numbers : Minimum Numbers :

8. TYPE OF HOUSING (Please tick (/))

OPEN HOUSE :

CLOSE HOUSE :

Single house

Double storey with chicken on top level only

Double storey with chicken on both level

Close house ceiling type

Alluminium

PE Sheet

Others (Specify)

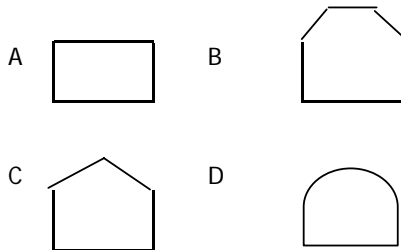
Floor system

Deep Litter	DL
Complete Slatted	CS
1/3 Deep litter	1/3 DL
2/3 Deep litter	2/3 DL

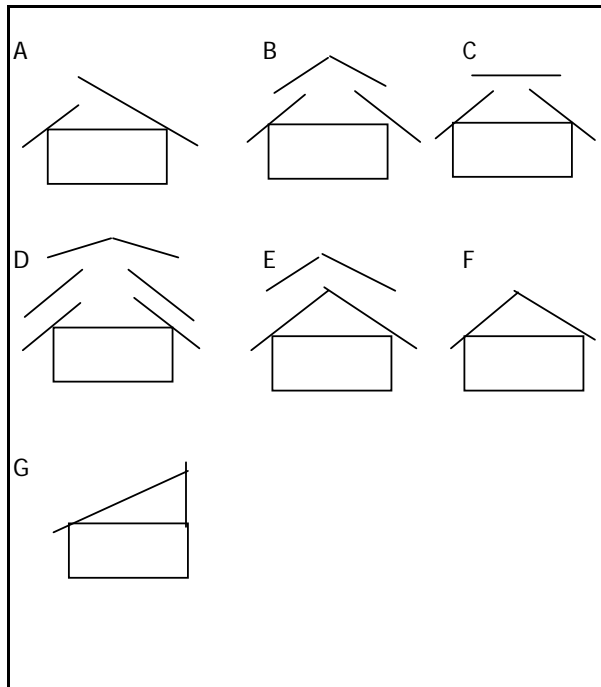
Roof Material

Attap	AT
Asbestos	AB
Aluminium	AL
Corr. Zinc	ZN

Close house ceiling design



Roof Angle Pitch



9. WATER AND ELECTRICITY SUPPLY (Please tick (/))

Electricity	Government		Water	Own	Open pond	
	Own				Underground Well Others	
	Nil			Government	Government	

10. SOURCE OF FEED (Please tick (/))

SOURCE OF FEED		Practised GMP	Non - GMP
Self Mixed			
Commercial Feed (Name of supplier)	1. 2. 3.		

11. MANAGEMENT (Please tick (/))

Rearing	Separate sex	
	Mix	
Feeding	Manual (Hanging Feeder)	
	Mechanised with silo	
	Mechanised without silo	
Drinkers	Trough	
	Bell	
	Nipple	
Ventilation	Fan	
	No Fan	
Cooling System	Fan	
	Cooling Pad	
	Rooftop water spraying	
	Mist Spray inside house	
	Manual spraying	

Feeding regime	<i>Type of feed</i>	<i>Age</i>
	Starter	Day-old to _____ days
	Grower	_____ days _____ days
	Finisher	_____ days _____ days
	Layer	_____ days _____ days
	Breeder	_____ days _____ days

12. PERFORMANCE

Parameters		Unit
Broiler Performance (Average)		
Marketing Age-Male (Average)		Days
Marketing Age-Female (Average)		Days
Average Weight Male (Marketing Age)		Kg
Average Weight - Female (Marketing Age)		Kg
Mortality Male To (Marketing Age)		%
Mortality Female To (Marketing Age)		%
Average Feed Consumption	Mix Rearing	Kg
	Separate Sex Rearing	Average male Average Female Kg Kg
Layer/Breeder Performance (Average)		
Age at 5% Production		Wks
Age at Peak Production		Wks %
Culling Age		Wks
Hen-Day Production		%
Hen-House Production		%
Mortality/Cull before Lay		%
Mortality/Cull at Lay		%
Fertility % (candling result)		%

Hatchability of Fertile Eggs	%
Hatchability on Egg Set	%
Culling of D.O.C	%

13. NUMBERS OF SETTER/INCUBATORS & CAPACITIES(BREEDER)

SETTERS (MODEL)	SETTING CAP. PER UNIT	TOTAL UNITS OF SETTERS	UNITS OPERATING	REMARKS

14. NUMBERS OF SETTER/INCUBATORS & CAPACITIES(BREEDER)

Frequency of hatching per week	Broilers	Pullet	Day of Week	(/)
1			Sunday	
2			Monday	
3			Tuesday	
4			Wednesday	
5			Thursday	
6			Friday	
7			Saturday	

15. AVERAGE MONTHLY CHICK PRODUCTION (BREEDER)

Month	No. of Day-Old Chicks	No of Fertile Eggs Export	No,of Chicks destroyed		Remarks
			Male	Female	
January					
February					
March					
April					

May					
June					
July					
August					
September					
October					
November					
December					

16. BIOSECURITY

i. Fencing (Please tick (/))

Perimeter	Complete	
	Partial	
Production Unit	Complete	
	Partial	

ii. Disinfection (Please tick (/))

Vehicle	Manual Spray	
	Manual high pressure spray	
	Open wheel-dip	
	Covered wheel-dip	
	Covered-wheel-dip with spray (automatic)	
Footbath to the production unit	Randomly place	
	Entrance to every house	
Shower (Personel)	Before entering farm	

iii. Provision of Working Uniform (Please tick (/))

	Staff	Visitor
Boot / Footwear		
Uniform		

iv. Length of Shed Kept Empty (Please tick (/))

Less than 2 weeks	More than 2 weeks

v. Type of Chicken (Please tick (/))

One type only	More than one type

vi. Age group of Chicken (Please tick (/))

One age group	Many age group

17. TYPE OF DISINFECTIONS AND SANITISERS USED

	Type of Disinfectant	Concentration used
Sheds - when empty		
Sheds - with birds		
Equipment		
Foot Bath		
Vehicles spray		
Personnel spray		
Poultry cages/crates		
Water		

18. VACCINATION PROGRAMMES

Disease/Vaccine	Age in days					Method of application		Remarks

WATER = W SUBCUTANEOUS INJECTION = SC SPRAY = SP
 WING WEB = WW BEAK DIPPING = BD EYE DROP = ED
 NOSE DROP = NP

19. DISEASE : FOR ALL OUTBREAK OF DISEASE IN FARM - PAST ONE YEAR

Disease	No. of flock affected	Total mortality

20. MEDICATION

- i. Routine drugs normally used against stress/disease prevention including drugs used in feed and water

Type of drug	Age administered	Duration (in days)	Purpose for usage	Withdrawal period	Supplier

ii. Type of drugs normally stored in farm/used for specific disease control- other those in (i)

Type of drug	Purpose of usage	Withdrawal period	Remark

21. SERVICES AND ADVICES ON FARM MATTERS

i. **Farm Veterinarian**

Yes Permanently Employed
 No Ad - hoc basis

ii. Other Source of services and advices

JPH

Private Sector :

Feedmilss
 Vaccine Company
 Drug Company
 Others

22.

DISEASE MONITORING PROGRAMME

i. Frequency of Sampling

Type of Sample	Frequency of Sampling		
	Monthly	Ad - Hoc	Others (specify)
Serum			
Setter/Hatcher Swabs			
Environmental sampling on chicken house			
Feeds			
Water Source			

ii. Post Mortem (Please tick (/))

a. Done on all dead birds

Done on Ad - hoc basis

b. Post Mortem findings
(Please attach reports on significant findings)

Month	No of Birds	Samples submitted to the Lab	Lab findings / results

iii. Drug Sensitivity test findings
(please attach copy of records)

/

Date/ Month	Type of antibiotics tested (Please List)	Findings(sensitive/resistant) (Please tick (/))
		Sensitive <input type="checkbox"/>
		Resistant <input type="checkbox"/>
		Sensitive <input type="checkbox"/>
		Resistant <input type="checkbox"/>
		Sensitive <input type="checkbox"/>
		Resistant <input type="checkbox"/>

iv. Serological test findings (Post Vaccination)
(Please attach copy of records)

a. Sample Size

Percentage of birds	Number of birds
1% of birds / flock	
2% of birds / flock	
5% of birds / flock	
> 10% of birds / flock	

b. **Results/findings**
(Please attach copy of records)

Month		Test conducted and results				
		ND	IBD	IB	EDS	Others
	Test Done Protective Non-Protective					
	Test Done Protective Non-Protective					
	Test Done Protective Non-Protective					

v. **Monitoring of SE and VRE**
(Please attach copy of records)

Date / Month	Result (Positive or Negative)	
	SE	VRE

vi. **Monitoring of wild birds and other animals on farm premises**
(Please attach copy of records)

Type of animal seen	Please tick (/)
Rodents	
Doves/Pigeon	
Monitor Lizards	
Migratory birds	
Others (specify)	

23. DISPOSAL OF DEAD BIRDS AND MANURE

i. Dead Birds (Please tick (/))

Incinerator	Burn	Pit	Bury	Others (specify)

ii. Manure (Please tick (/))

CSW	CNDS	CMDS	CBDS

Note :

- CWS - Collect, sell (wet)
- CNDS - Collect, naturally dried and sell
- CMDS - Collect, mechanically dries and sell
- CBDS - Collect, biologically dried and sell

iii. Frequency of Manure Disposal From Each House (Please tick (/))

Every week	Every Two Weeks	End of Every Production Cycle	Others (specify)

24. FLY AND ODOUR CONTROL

i. Control by Chemical methods

Problem	Chemical used	Application method
Fly larva		
Adult fly		
Odour		

ii. Odour control by feeding / drinking methods

Method Used	Please tick (/)	Items used (please specify)
Feeding		
Drinking		

iii. Facilities set-up in front of air outlet to reduce odour from close houses

Facility	Please tick (/)
Tress /Plant	
None	
Others (please specify)	

25. PARTICULAR OF EXPORTER

Name of Company	
Adress	
Phone Number	
Fax Number	
Exporter Code Number	

Applicant Signature :
 Full Name :
 IC/Paport No. :
 Date :
 Company Official Stamp :

Checked and Verified by,

Registered Veterinarian

Name : _____

Registration No. : _____

Note : Please attach

No.	Attachments	Please tick (/)
i	Farm Layout	
ii	Copy of Records	
	Vaccination records	
	Medication records	
	Disease monitoring programme	
	Fly and ordour control programme	
	Rodent control Programme	
iii	License for rearing poultry	