

CROWSHALL VETERINARY SERVICES LLP

Stephen A Lister BSc BVetMed CertPMP DipIACPVS MRCVS

Claire I F Knott BVM&S MRCVS

Philip P Hammond BVetMed PGCert Avian Health (hons) MAHM MRCVS

Ian S Lowery BVetMed PGCert ILHP MRCVS

1 Crows Hall Lane

Attleborough

Norfolk NR17 1AD

Tel: 01953 455454

Fax: 01953 455661

**POST MORTEM SUBMISSION FORM**

Completing this submission form means that you are giving Crowshall Veterinary Services LLP permission to hold your personal data. Please refer to the Crowshall Veterinary Services LLP [Data Protection Policy](#) Statement for more information. This is on display on our noticeboard or available at <https://www.crowshall.co.uk/>.

Client Details:

Company Name		Site Name	
		Farm Code	
Company Address		Site Address	
Email Address		Submitted by	
		Telephone no	

Date of Submission		Species/Type of Bird	
House/Unit/Pen Number		Age of Birds	Days: Weeks:
Sex: (male/female/AH)		Breed:	
Flock Codes/Reference			

Clinical Information:**Flock History and Reason for Submission:**

--

MORTALITY TODAY		MORTALITY TO DATE (%)	
MORTALITY/CULLS LAST 5 DAYS (list from left to right with most recent on right)			
T-5	/	T-4	/
		T-3	/
		T-2	/
		T-1	/
Number of birds in house		% of birds affected with problem	

Nutritional Information: Feed Supplier:	Feed Name/Code	Feed delivery date	Any concerns ref quality? (Y/N)

Medications/vaccinations given (including in feed)	Age of birds treated	Duration of Treatment	Product given

ANY OTHER INFORMATION: (bodyweights/egg production etc)

--