

PIGEON REGISTRATION FORM

Please complete **ALL** the fields in this form and email back to our central office:

sheriffhutton@poultryhealthservices.com. Registration is **free**, but any veterinary/laboratory work or products supplied by the Practice need to be paid **in full prior** to any work being done or any products being dispensed. For more information, please visit our website: www.poultryhealthservices.com

SECTION 1- CONTACT INFORMATION

- 1- Owner / Keeper :
- 2- Address (including post code) :

- 3- Contact Telephone Number:
- 4- Loft registration number
- 5- Loft Longitude latitude
- 6- Also acceptable to Defra - What3words
- 7- Email:

SECTION 2- LOFT/LOFTS INFORMATION

- 1- Number of pigeons (total):
- 2- Stock birds:
- 3- Old bird racers:
- 4- Young birds:
- 5- Any pigeons that neither race or breed:

At the time of completing this form

- 6- How old is your oldest pigeon?
- 7- How old is your youngest pigeon?
- 8- Number of lofts under your care:

SECTION 3- PIGEONS HEALTH PROGRAMME AND CARE

1- Vaccinations:

Do you vaccinate?

If you vaccinate for Paramyxovirus of pigeons:

- **in which Month do you vaccinate?**
- **Vaccine brand and dose per pigeon**
- **How many birds are vaccinated?**
- **How many birds are NOT vaccinated?**
- **When did you last vaccinate (date):**

2- Routine treatments:

- **Do you worm?**

If you treat for worms, with what product? (and dose if known)

- **Do you treat for canker?**

If you treat for canker, with what product? (and dose if known)

- **Do you treat for mites and lice?**

If you treat for mites and lice, with what product? (and dose if known)

- **Do you administer any other routine treatments? (vitamins, probiotics, gut health enhancers, etc). Please state product and frequency of treatment.**

3- Routine laboratory testing

Do you do any routine laboratory health screening? (this includes faeces samples, blood testing, PCR testing, etc).

If the answer is YES, what tests do you do and how often:

4- Health status

Have you had any pigeons sick/dying in the last 6 months and if so, do you know the cause?

Did you have any problems in the past in your loft? (canker, coccidiosis, etc)

SECTION 4- HUSBANDRY

1-Describe your husbandry system (photographs would be good)

2-Briefly describe your loft e.g. grills, scraper, manure collection belt, deep litter, type of nest boxes, electronic clocking etc

3-Feed:

Type of feed: pellets or corn?

Feed brand or supplier:

4-Drinkers

Number of drinkers:

Size of drinkers (litres/gallons):

Frequency that they are cleaned:

Frequency that they are filled:

Water supply (mains/borehole/other please specify)

5-Feeders

Number of feeders:

Size of feeders (kg of feed):

Frequency that they are cleaned:

Frequency that they are filled

6-Lighting – type and control:

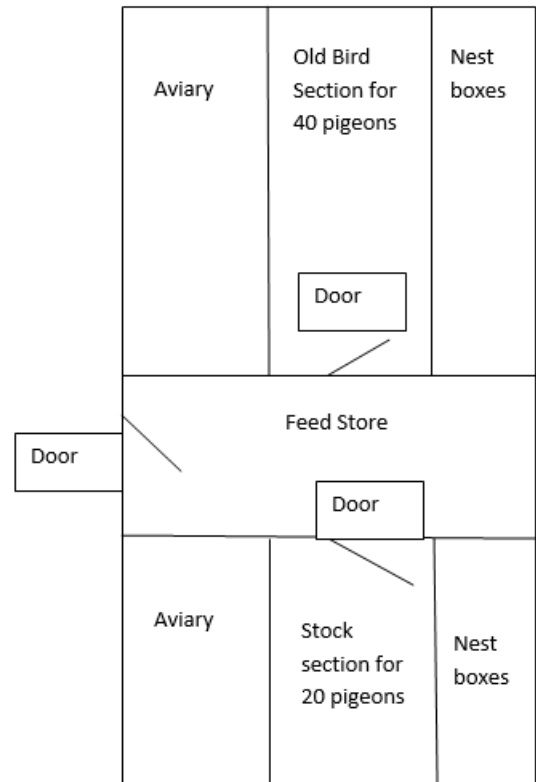
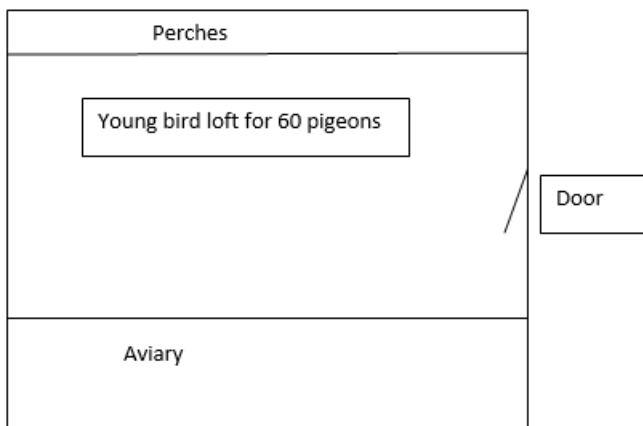
7-Heating (type and capacity):

8-Dust control systems – what is done:

SECTION 5- LOFT DIAGRAM

Please supply a map or diagram of your loft or lofts showing the number of sections in each and their relative position to each other. Add a label to describe the function of each section e.g Stock birds. Also note the maximum number of birds in the section. (See example below)

Photographs of the exterior and interior of each loft would be appreciated.



Signed

Owner or Keeper

Print name

Date signed: