## **Backyard Poultry Biosecurity Inspection Form**

Owner & Location Details
Owner Name
Property Address
Contact Number
Inspection Date
Inspector Name
Flock Information
Species Kept
Number of Birds
Age Range of Birds
Biosecurity Practices  Are there measures to prevent wild birds accessing poultry?  Yes No Is clean water supplied daily?  Yes No Are visitors restricted from accessing the poultry area?  Yes No Is proper hand washing facility available?  Yes No Are separate footwear/clothing used in poultry areas?  Yes No  Health & Disease Management  Any recent illness or deaths in the flock?  Yes No  If yes, please describe symptoms or issues  Are sick birds isolated from the rest?  Yes No
Any recent medication or vaccination given?
Additional Notes/Comments
Inspector's Signature