FEATHER PECKING

Operation name: _____

Date of incidence	Flock ID	Age of affected flock *(in weeks)*	% of affected flock *(birds that have been injured, have feather loss, or died*	Actions taken to address feather pecking	Outcome of actions taken
			%		
			%		
			%		
			%		
			%		
			%		
			%		
			%		
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			%		
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			%		
			%		
			%		
			%		

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If you want to use this template in other ways, please contact G.A.P. at standards@globalanimalpartnership.org.