

FEATHER PECKING



Operation name: _____

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

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