

## FORM - 7 Questionnaire for Poultry Farming

## LIVESTOCK CENSUS 2006

1. District / Agency / F.R:	2. Tehsil:	3. Vete	terinary Hospital:			
4. Veterinary Centre:		5. Mou	za / Killi / Block:			
6. Name, Father's Name and Address of the Poultry Farmer:						
1- Area of Poultry Farm		Kanal / Ghunta		02		
2- Which Type of Poultry Farming You are Practising?						
Note: Tick the relevant box and give detail:		<ul><li>(A) Layers farming</li><li>(B) Broilers farming</li></ul>		03		
		(C) Parent s	tock farming	05		
	(D) Quail farming		ming	06		
(A) Layers Farming				Number		
(i) What is rearing capacity of layers at your farm?				07		
(ii) What is the number of layers at present?			08			
(iii) What is the number of layers sold during last twelve months?				09		
(iv) What is the number of layers died due to diseases during last twelve months?				10		
(B) Broilers Farming				Number		
(i) What is rearing capacity of broilers at your farm?			11			
(ii) What is the number of Broilers at present?			12			
(iii) What is the number of Broilers sold during last twelve months?				13		
(iv) What is the number of Broilers died due to diseases during last twelve months?						
(C) Parent Stock Farming			Number of Broilers	Number of Layers		
(i) Number of hens at the farm			16	15		
(ii) Number of cocks at the farm		17				

(D) Quail Farming			
(i) What is rearing capacity of quail at your f	form 2	N	umber 19
(ii) What is the number of quail at present?			20
(iii) What is the number of quail sold during last twelve months?		21	
(iv) What is the number of quail died due to o during last twelve months ?		22	
3- Availability of Medicines and Feed			
(i) Are you satisfied with poultry feed quality	? Yes 1	No 2	23
(ii) Are the required vaccines available?	Yes 1	No 2	24
4- Difficulties in Poultry Farming			
(i) Credit facilities from government organize for poultry farming	zations Yes 1	No 2	25
(ii) Shortage of training facilities	Yes 1	No 2	26
(iii) Adultration in poultry feed	Yes 1	No 2	27
(iv) Fluctuation in prices of meet and eggs	Yes 1	No 2	28
(v) Others	Yes 1	No 2	29
Name of Enumerator :	Name of Verifier : _		
Signature of Enumerator:	Signature of Verifier	:	
Date of completion :			