**

Farm and health plan guidance - Meat and Dairy Sheep

* It is not compulsory to use this template to produce your farm and health plan. However, theCertified Animal Welfare Approved by AGW standards require a farm and health plan for livestock enterprises. If you do not wish to use this template it should provide the basic structure for any other farm or health plan submitted.
* This document should be reviewed and updated whenever changes are made or at least annually.

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| Name, address and contact number |
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###### Sheep management

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| Ewes |
|  |
| **Name of person/people responsible for ewes** |
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| **Breed/breeds of ewes in flock** |
|  |
| **Reason for breed choice, suitability of breed for farm** |
|  |
| **Is this a dairy sheep flock?** | **Yes** |  | **No** |  |

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| Production targets |
| Target number ewes in flock |  |
| Target number of finished/ store lambs sold per year |  |
| Target lambing percentage |  |
| Target number of ewes per ram |  |
| Milk yield per ewe (dairy sheep farms) |  |

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| **Lambing** |
| Please state month or months when lambing takes place |
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| Ewes with assisted births in the last year (number or %) |
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| **Replacements** |
| Are your replacements home bred? | Yes |  | No |  |
| Are your replacements bought in? | Yes |  | No |  |
| Where are replacements bought from? |  |

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| Flock age and culling |
| Average age of flock |  |
| Ewes culled per year (number or percentage) |  |
| Reasons for culling ewes (e.g. barren, poor performance, etc.) |
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| **Breed/breeds of rams used** |
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| How are rams managed outside of the breeding season? |
|  |
| Do you use AI? | Yes |  | No |  |

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| Housing  |
| Are the ewes housed at lambing? | Yes |  | No |  |
| Are the ewes housed in the winter? | Yes |  | No |  |
| Loose housed | Yes |  | No |  |
| Individual pens | Yes |  | No |  |
| Other (please state) | Yes |  | No |  |
| What area is available per animal? (sq. ft.) |  |
| What type of bedding is used? |  |
| How long are the ewes housed? |
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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how water is provided to the sheep and how often this is done |
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| Feeding |
| Details of ewe’s rations (concentrate/forage) |
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| Replacement ewe lambs |
|  |
| Name of person/people responsible for replacements |
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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how water is provided to the ewe lamb replacements and how often this is done |
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| --- |
| Feeding |
| Details of ewe lamb replacement rations (concentrate/forage) |
|  |

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| Housing  |
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| **Replacements** (Please state type of housing/shelter used – if any) |
|  |
| Please state the average number of ewe lambs per group |  |
| Total lying area available (sq. ft.) |  |
| Total area available per ewe lamb (sq. ft.) |  |
| What type of bedding is used? |
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| LAMBS |
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| **Name of person/people responsible for lamb management** |
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| Navel treatments used |
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| **If lambs cannot suckle:**  |
| How much colostrum is given? |  |
| For how long are they given colostrum? |  |

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| Method of lamb rearing – dairy sheep farms |
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| Suckled by ewe |  |
| Reared on milk replacer |  |
| If suckled by ewe, please state if lambs are removed from the ewe pre milking, how old they are when this separation occurs and how long they are held off the ewe |
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| If reared on milk replacer, please state age lambs are removed from ewes |
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| What are your emergency lamb rearing procedures? (Please state) |
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| Weaning age |
| At what age are lambs weaned? |  |
| Castration |
| Are ram lambs castrated? | Yes |  | No |  |
| If yes, is an anaesthetic used? | Yes |  | No |  |
| At what age are rams castrated? |  |
| Please state the method of castration used |
|   |
| Tail docking |
| Are lambs tail docked? | Yes |  | No |  |
| If yes, is an anaesthetic used? | Yes |  | No |  |
| At what age are lambs tail docked? |  |
| Please state the method of tail docking used  |
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| Water |
|  |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |   | No |  |
| If no, please detail how water is provided to weaned lambs and how often this is done |
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| Feeding – Lamb Rations |
| 0-3 months |
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| 3-6 months |
|  |
| 6-12 months |
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| Production  |
| Number of fat lambs in flock |  |
| Number of fat lambs sold this year |  |
| Average finishing weight |  |
| Average finishing age (months) |  |

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| Production targets |
| Target number of fat lambs in flock |  |
| Target number of lambs finished each year |  |
| Target finishing weight |  |
| Target finishing age (months) |  |

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| Housing  |
|  |
| **Lambs** (Please state type of housing/shelter used – if any) |
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| Please state the average number of lambs per group |  |
| Total lying area available (sq. ft.) |  |
| Total area available per animal (sq. ft.) |  |
| What type of bedding is used? |
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## FLOCK HEALTH

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| FERTILITY AND REPRODUCTIVE DISORDERS |

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| What were the main causes of fertility and reproductive disorders in the flock (please complete appropriate box/boxes)? |
| Enzootic abortion |
| Treatments used |
|  |
| Prevention measures  |
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| Toxoplasmosis |
| Treatments used |
|  |
| Prevention measures  |
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| LAMENESS |

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| **What were the main causes of lameness in the herd (please complete appropriate box/boxes)?** |
| Scald |
| Treatments used |
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| Prevention measures  |
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| Foot rot |
| Treatments used |
|  |
| Prevention measures  |
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| MASTITIS  |
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| Cases of mastitis per year – number or percentage of flock |  |
| Most prevalent type of mastitis seen |  |

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| Please state methods of treatment used for mastitis |
|  |
| Please state prevention measures adopted against mastitis |
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| FLY STRIKE |
|  |  |  |  |  |
| Is fly control a problem on your farm?  | Yes |  | No |  |
| Treatment |
| Please state treatments used  |
|  |
| Prevention |
| Please state prevention measures adopted |
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| METABOLIC AND OTHER DISORDERS |
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| What were the main causes of metabolic or other disorders in the flock (please complete appropriate box/boxes)? |
| Twin Lamb Disease |
| Treatments used |
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| Prevention measures  |
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| Staggers |
| Treatments used |
|  |
| Prevention measures  |
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| --- |
| Bloat |
| Treatments used |
|  |
| Prevention measures  |
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| DISEASE STATUS OF FLOCK |
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| Is/has the flock been infected with any of the following diseases? |
| Pulpy Kidney | Yes |  | No |  |
| Lamb Dysentery | Yes |  | No |  |
| Blackleg | Yes |  | No |  |
| Braxy | Yes |  | No |  |
| Black disease | Yes |  | No |  |
| Tetanus | Yes |  | No |  |
| Pneumonia | Yes |  | No |  |
| Campylobacter | Yes |  | No |  |
| Orf | Yes |  | No |  |
| Scrapie | Yes |  | No |  |
| Other (Please state) |
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| DISEASE CAUSING ABORTION |
|  |
| Is/has the flock been infected with any of the following diseases? |
| Enzootic abortion | Yes |  | No |  |
| Toxoplasmosis | Yes |  | No |  |
| Salmonellosis | Yes |  | No |  |
| Vibriosis | Yes |  | No |  |
| Brucella | Yes |  | No |  |
| Ovine progressive pneumonia (Maedi-Visna) | Yes |  | No |  |

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| VACCINATION POLICY |
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| Do you vaccinate? |
| Clostridial diseases | Yes |  | No |  |
| If yes, please state the number of vaccines within the injection given (e.g. 7 in 1) |
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| Please state all other vaccines given and group of animals it was given to (ewes, replacements, lambs) |
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| ECTOPARASITES (for example: lice, mange, scab) |
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| Please state the type of parasites found |
|  |
| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
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| INTERNAL PARASITES  |
|  |
| Please state the type of parasites found (e.g. roundworm, fluke) |
|  |
| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
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**Health management**

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| Injury to sheep |
| Detail any injuries found on sheep on farm  |
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| Please state treatments used |
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| On farm euthanasia |
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| Please detail for each class of ovine below the method of euthanasia used on farm and the reasons they have been used in the last 12 months |
| Ewes and rams |
| Reasons for euthanasia (e.g. incurably lame animals) |
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| Procedure |
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| Lambs pre weaning |
| Reasons for euthanasia (e.g. deformity) |
|  |
| Procedure |
|  |

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| Lambs post weaning |
| Reasons for euthanasia (e.g. animal with broken leg) |
|  |
| Procedure |
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| Slaughter |
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| Where do sheep go for slaughter? (Please provide name and address) |  |
| Method of stunning (e.g. electric shock, captive bolt) |
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| **Transport** |
| Who transports sheep to slaughter? |
| Farms own staff/trailer |  | Haulier |  |
| Maximum travel length to slaughter |
| Time |  | Miles |  |
| Stocking density in transport |
|  |

Date plan completed:

Date plan due for review: