**

Farm and Health Plan Guidance – Dairy Cattle

* 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.
* If a block or section is not applicable to your operation, please mark the block or section N/A and place a comment in the block describing the reason it does not apply.
* While developing your plan it is recommended that you seek input from a veterinarian or qualified expert to assist you.

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| --- | --- |
| I. General Information of Farm | |
| A. Contact information | |
| Name and title of person completing form |  |
| AGW Farm ID (f known) |  |
| Mailing Address | |
| Primary Farm location (if different from mailing) | |

## B. Sites (ex. outlying or subsidiary farms)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Farm/Ranch Sites | Address | Distance from home Farm/Ranch | Type of operation/use (ex. pasture/breeding/finishing) | Size/Acres |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## C. Personnel

|  |  |
| --- | --- |
| Number of staff employed |  |
| Staff titles (Manager, supervisor, laborer, field staff, etc.) |  |
| Please detail any training given to new employees | |
|  | |
| Please detail any ongoing training provided to employees | |
|  | |

# II. Pasture Management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pasture accessibility and land management | | | | |
| Do all stock have pasture access? | Yes |  | No |  |
| If no, why not? |  | | | |
| At what age do stock have pasture access? |  | | | |
| What is the stocking density of livestock on pasture? |  | | | |
| Average rainfall |  | | | |
| Soil type |  | | | |
| Is soil tested at least every 3 years? | Yes |  | No |  |
| Are any manures/fertilizers bought in from  off-farm sources? | Yes |  | No |  |
| If yes, what is bought in? |  | | | |
| Is the need for bought in manures/fertilizers justified by soil testing and crop nutritional need? | Yes |  | No |  |
| Is the pasture or forage nutritional content tested? | Yes |  | No |  |
| Types of vegetation (varieties of grasses, etc.) | | | | |
|  | | | | |
| Percentage vegetation cover (average) |  | | | |
| Detail pasture management techniques below (e.g. rotations, reseeding, nutrient load, etc.) | | | | |
|  | | | | |
| Detail how any manure, compost or litter is disposed of or spread | | | | |
|  | | | | |

|  |
| --- |
| Detail how run off is avoided/managed |
|  |

# III. Dairy Cattle Management

|  |
| --- |
| A. Bulls |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Breed/Breeds of bulls in herd | | | | |
|  | | | | |
| Reason for breed choice, suitability of breed for farm | | | | |
|  | | | | |
| Do you have breeding bulls on the farm? | Yes |  | No |  |
| If you have bulls on the farm please complete details below: | | | | |
| How do you identify animals? What form of identification is used? |  | | | |
| How frequently are the bulls inspected? |  | | | |
| Are your replacements home bred? | Yes |  | No |  |
| Are your replacements bought in? | Yes |  | No |  |
| What shelter is available for bulls that have access to pasture? (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) | | | | |
|  | | | | |
| If bedded, what type of bedding is used? | | | | |
|  | | | | |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If no, please detail how water is provided to the bulls and how often this is done | | | | |
|  | | | | |
| Details of bull rations (forage/minerals/feed). (Labels must be available during the audit) | | | | |
|  | | | | |
| Do bulls receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |
| How are bulls managed outside of breeding season? | | | | |
|  | | | | |

|  |
| --- |
| B. Dairy Cows |

|  |
| --- |
| Breed/breeds of cows in herd |
|  |
| Reason for breed choice, suitability of breed for farm |
|  |

|  |  |
| --- | --- |
| What form of identification is used? |  |
| How frequently are the cows inspected? |  |

|  |  |
| --- | --- |
| **Production targets** | |
| Actual and target number of cows in herd |  |
| Actual and target number of calves per year |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Artificial Insemination** | | | | |
| Do you use AI? | Yes |  | No |  |
| If yes, Do you use any substances to induce estrus (heat) or sync stock? Ex. Lutalyse or implants? | Yes |  | No |  |
| If AI is used, please describe AI procedure utilized: | | | | |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| C. Calving | | | | | |
| Season of calving (Please check appropriate box) | | | | | |
| Spring | | | |  | |
| Summer | | | |  | |
| Fall | | | |  | |
| Winter | | | |  | |
| All Year | | | |  | |
| Is someone available to assist at birthing, if necessary? | Yes |  | No | |  |
| Cows with assisted births, typically (number or percentage) | |  | | | |
| Please explain below, what protocols you have in place to reduce assisted births? | | | | | |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Replacements** | | | | |
| Are your replacements home bred? | Yes |  | No |  |
| Are your replacements bought in? | Yes |  | No |  |

|  |  |
| --- | --- |
| **Herd age and culling** | |
| Average age of cows |  |
| Cows culled per year (number or percentage) |  |
| Reasons for culling cows (e.g. barren, poor performance, etc.) | |
|  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Shelter (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) | | | | | | |
|  | | | | | | |
| What shelter is available for cows that have access to pasture? | | | | | | |
|  | | | | | | |
| Is free stall shelter used? | Yes | |  | | No |  |
| If yes, how many free stalls are there? |  | | | | | |
| What are the dimensions of the free stalls? |  | | | | | |
| If bedded, what type of bedding is used? | | | | | | |
|  | | | | | | |
| Is water supply constant (e.g. connected to a mains supply)? | Yes | |  | | No |  |
| If no, please detail how water is provided to the dairy cows and how often this is done. | | | | | | |
|  | | | | | | |
| Details of dairy cow rations (forage/minerals/feed) | | | | | | |
|  | | | | | | |
| Do dry dairy cows receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | | Yes | |  | No |  |
| Do lactating dairy cows receive at least 60% long fiber roughage/forage in their diets on a daily dry matter basis? | | Yes | |  | No |  |

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| --- |
| D. Replacement Heifers |

|  |  |
| --- | --- |
| What form of identification is used? |  |
| How frequently are replacement heifers inspected? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Artificial Insemination** | | | | |
| Do you use AI? | Yes |  | No |  |
| If yes, Do you use any substances to induce estrus (heat) or sync stock? Ex. Lutalyse or implants? | Yes |  | No |  |
| If AI is used, please describe AI procedure utilized: | | | | |
|  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Calving heifers** | | | | | | |
| Minimum age at calving |  | | | | | |
| Minimum weight or withers height at service |  | | | | | |
| Minimum condition score at service |  | | | | | |
| Minimum condition score at calving |  | | | | | |
| Breed of bull(s) to be used on heifers |  | | | | | |
| Time of calving (Please check appropriate box) | | | | | | |
| Spring | | | |  | | |
| Summer | | | |  | | |
| Fall | | | |  | | |
| Winter | | | |  | | |
| Year Round | | | |  | | |
| Is someone available to assist at birthing, if necessary? | | Yes |  | | No |  |
| Replacement heifers with assisted births, typically (number or percentage) | | |  | | | |
| Please explain below, what protocols you have in place to reduce assisted births? | | | | | | |
|  | | | | | | |

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| --- | --- | --- | --- | --- |
| **Shelter** (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) | | | | |
|  | | | | |
| What shelter is available for heifers that have access to pasture? | | | | |
|  | | | | |
| Is free stall shelter used? | Yes |  | No |  |
| If yes, how many free stalls are there? |  | | | |
| What are the dimensions of the free stalls? |  | | | |
| If bedded, what type of bedding is used? | | | | |
|  | | | | |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how water is provided to the replacement heifers and how often this is done. | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of replacement heifer rations (forage/minerals/feed) | | | | |
|  | | | | |
| Do replacement heifers receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

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| --- |
| E. Calves |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| What form of identification is used? |  | | | | | | |
| How frequently are calves inspected? |  | | | | | | |
| Navel treatments used | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| How long are calves allowed to suckle on their dams? | | |  | | | | |
| If calves cannot suckle: | | | | | | | |
| Is colostrum given? | | Yes | |  | No | |  |
| Method of calf rearing (please check all that apply) | | | | | | | |
| Suckled by dam | | | | | |  | |
| Nurse Cow | | | | | |  | |
| Bucket, bottle or milk bar reared | | | | | |  | |
| Automated Calf Feeder | | | | | |  | |
| What are your emergency calf rearing measures should calves be orphaned or rejected? (Please state) | | | | | | | |
|  | | | | | | | |

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| Where do any calves not retained on the farm go? |
|  |
| At what age do the calves leave the farm? |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disbudding** | | | | | | | | | | | | | |
| Name of competent person to carry out disbudding | | | |  | | | | | | | | | |
| At what age is disbudding carried out? | | | |  | | | | | | | | | |
| How is disbudding carried out? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Is anesthetic used for disbudding? | | | | Yes | |  | | | | No | | |  |
| If yes, what anesthetic is used? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| If no, why is anesthetic not used? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Castration** | | | | | | | | | | | | | |
| Are bull calves castrated? | Yes | | | |  | | | No | | |  | | |
| If yes, is an anesthetic used? | Yes | | | |  | | | No | | |  | | |
| Please state the method of castration used and age when done | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Removal of Supernumerary Teats | | | | | | | | | | | | | |
| Are supernumerary teats removed from female dairy calves? | | Yes | | |  | | | | No | | | |  |
| If yes, is anesthetic used? | | Yes | | |  | | | | No | | | |  |
| If yes, what anesthetic is used? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Weaning** | | | | | | | | | | | | | |
| Age of weaning from milk or milk replacer | | | |  | | | | | | | | | |
| Please detail how stress for the cow and calf is minimized at separation | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Housing – Artificially reared calves | | | | | | | | | | | | | |
| Are artificially-reared calves housed individually in pens for longer than 28 days? | | | Yes | | | |  | | | No | | |  |
| If yes, for how long are calves in individual pens? | | | | | | |  | | | | | | |
| What area is available to the calves in individual pens (sq. ft./calf)? | | | | | | |  | | | | | | |
| When calves are housed in groups, what area is available per calf (sq. ft./calf)? | | | | | | |  | | | | | | |
| Do you use slatted floors in the shelters? | | | | Yes | | |  | | | No | |  | |
| If yes, describe the locations and percentage of slatted flooring in shelter. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| If bedded, what type of bedding is used? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| At what age are calves turned out to pasture? | | | |  | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Water** | | | | |
| Is water supply constant (e.g. connected to a mains supply)? | Yes |  | No |  |
| If no, please detail how water is provided to the calves and how often this is done | | | | |
|  | | | | |

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| --- |
| **Feeding** – Calf Rations (forage/minerals/feed) |
| 0-3 months |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3-6 months | | | | |
|  | | | | |
| 6-12 months | | | | |
|  | | | | |
| Do calves after weaning from milk/milk replacer receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

# IV. Farm Management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. Milking | | | | |
| Do you use tie stalls in your operation? | Yes |  | No |  |
| If yes, please describe in detail the use of tie stalls. | | | | |
|  | | | | |

|  |
| --- |
| If no, please describe in detail the type of milking parlor used in your operation. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B. Liquid Manure | | | | |
| Do you use a liquid manure system in your operation? | Yes |  | No |  |
| If yes, do you test your liquid manure? | Yes |  | No |  |

|  |
| --- |
| If you use a liquid manure system in your operation please describe in detail covering the four following areas: Land area available for spreading, Crop rotations and crop nutrient need, Storage capacity on farm, Areas of the farm and times of year where spreading cannot take place (e.g. waterlogged ground, fields close to water courses). |
|  |

# V. Removal of Animals from Approved Farm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. Showing animals | | | | |
| Do you show animals? | Yes |  | No |  |
| If yes, please describe in detail covering the following areas: How many shows do you take your animals to in a calendar year? How long are the animals at the show? How many animals do you take? Travel time to shows? Please describe how you maintain animal health and welfare, transport, biosecurity and continued compliance with the Animal Welfare Approved standards while animals are removed from the approved farm. | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B. Breeding animals | | | | |
| Do you remove animals from your farm for breeding? | Yes |  | No |  |

|  |
| --- |
| If yes, please describe in detail how you maintain animal health and welfare, transport, biosecurity and continued compliance with the Animal Welfare Approved standards while animals are removed from the approved farm. |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| C. Grazing animals | | | | |
| Do you remove animals from your farm for grazing acreage which is not owned by you and for which you do not have management control? | Yes |  | No |  |
| If yes, please describe in detail: number of animals sent off-site, length of stay and how you maintain animal health and welfare, transport, biosecurity and continued compliance with the Animal Welfare Approved standards while animals are removed from the approved farm. | | | | |
|  | | | | |

# VI. Breed Stock Sales

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you sell breed stock? | Yes |  | No |  |
| If yes, please describe in detail covering the three following areas: overall breeding aims, protocol for selecting and matching sires and dams, and the criteria used to assess whether animals are suitable to be marketed as breeding stock. | | | | |
|  | | | | |

# VII. Exclusion from Pasture

This section must be completed if animals are removed from pastures and housed OR if animals remain outside on pastures where vegetation cover cannot be maintained (sacrifice pastures) OR if animals remain outside on pastures that are covered by snow to a depth where animals cannot access vegetation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. General information | | | | |
| Do stock have access to pasture (growing green vegetation) all year round? | Yes |  | No |  |
| If no, please give reasons why access to growing green vegetation is not possible all year round | | | | |
|  | | | | |
| If you choose to remove your animals from pasture or restrict them to sacrifice pastures, please state why animals are removed from pasture or restricted to sacrifice pastures and state the trigger(s) for this to take place. *[Note: it is not acceptable to simply give a date as a trigger for removal from pasture. Triggers should relate to conditions that will affect animal welfare, but please indicate roughly the time of year removal from pasture will occur, if known]* | | | | |
|  | | | | |

|  |
| --- |
| Please state trigger(s) for allowing animals back onto pasture. *[See note above. As well as trigger(s), please indicate roughly the time of year animals will be allowed back onto pasture, if known]* |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B. Snow covered pastures and sacrifice pastures | | | | |
| If animals remain out on pasture year around but pastures are likely to be snow covered such that animals cannot access any vegetation for more than 28 days OR if animals remain out on pastures but vegetative cover cannot be maintained: | | | | |
| Please state approximate times of year when pastures may be snow covered |  | | | |
| Please state average depth of snow at this time |  | | | |
| Please state approximate times of year when sacrifice pastures may be used |  | | | |
| Are wind breaks provided? | Yes |  | No |  |
| If yes, please give details of wind breaks (materials used, layout) | | | | |
|  | | | | |
| Is a bedding pack provided? | Yes |  | No |  |
| If yes, please give details of bedding pack management (materials used, how pack is established, how often it is topped up, etc.) | | | | |
|  | | | | |
| How is water provided to animals when on snow pastures OR sacrifice pastures? | | | | |
|  | | | | |
| How is feed provided to animals when on snow cover pastures OR sacrifice pastures? | | | | |
|  | | | | |

|  |  |
| --- | --- |
| **Housing off pasture** | |
|  | |
| C. Bulls | |
|  | |
| Please give a brief description of the housing bulls are kept in if they are removed from pasture and housed for the reasons stated above. | |
|  | |
| Total area available inside housing (sq. ft.) |  |
| Total area available outside housing, if any (sq. ft.) |  |
| What type of bedding is used and how often is bedding replenished? | |
|  | |
| How is water provided to bulls when they are housed? | |
|  | |
| How is feed provided to bulls when they are housed? | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D. Cows | | | | |
|  | | | | |
| Please give a brief description of the housing cows are kept in if they are removed from pasture and housed for the reasons stated above. | | | | |
|  | | | | |
| Is free stall housing used? | Yes |  | No |  |
| If yes, how many free stalls are there? |  | | | |
| What are the dimensions of the free stalls? |  | | | |
| If cows are loose housed, provide the following information: | | | | |
| Total area available inside housing (sq. ft.) |  | | | |
| Total area available outside housing, if any (sq. ft.) |  | | | |
| What type of bedding is used and how often is bedding replenished? | | | | |
|  | | | | |
| How is water provided to cows when they are housed? | | | | |
|  | | | | |
| How is feed provided to cows when they are housed? | | | | |
|  | | | | |

|  |
| --- |
| E. Replacement Heifers |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please give a brief description of the housing replacement heifers are kept in if they are removed from pasture and housed for the reasons stated above. | | | | |
|  | | | | |
| Is free stall housing used? | Yes |  | No |  |
| If yes, how many free stalls are there? |  | | | |
| What are the dimensions of the free stalls? |  | | | |
| If replacement heifers are loose housed, provide the following information: | | | | |
| Total area available inside housing (sq. ft.) |  | | | |
| Total area available outside housing, if any (sq. ft.) |  | | | |

|  |
| --- |
| What type of bedding is used and how often is bedding replenished? |
|  |
| How is water provided to replacement heifers when they are housed? |
|  |
| How is feed provided to replacement heifers when they are housed? |
|  |

|  |  |
| --- | --- |
| F. Calves | |
|  | |
| Please give a brief description of the housing calves are kept in if they are removed from pasture after weaning for the reasons stated above. | |
|  | |
| Total area available inside housing (sq. ft.) |  |
| Total area available outside housing, if any (sq. ft.) |  |
| What type of bedding is used and how often is bedding replenished? | |
|  | |
| How is water provided to calves when they are housed? | |
|  | |
| How is feed provided to calves when they are housed? | |
|  | |

# VIII. Herd Health

|  |
| --- |
| A. Temporary Close Confinement |
| Please describe in the block below any temporary close confinement or tying up (tethering), which may be required for vaccination, weighing, feeding, milking, marking or veterinary procedures. |
|  |

|  |
| --- |
| B. Antibiotics |
| Please give examples of times when antibiotics might be used |
|  |
| Please detail the procedure for identifying/separating a head or herd that has been treated with antibiotics |
|  |

|  |
| --- |
| C. Fertility and Reproductive Disorders |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any fertility and reproductive disorders in the herd? | Yes |  | No |  |
| If yes, what are the causes? | | | | |
|  | | | | |

|  |
| --- |
| Treatments used |
|  |
| Prevention measures |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D. Mastitis | | | | |
|  |  |  |  |  |
| Are individual cow somatic cell counts recorded? | Yes |  | No |  |
| Are samples taken to find bacteriological causes of mastitis? | Yes |  | No |  |
| Average herd cell count (if known) |  | | | |
| Cases of mastitis per year – number or percentage of herd |  | | | |
| Most prevalent type of mastitis seen |  | | | |

|  |
| --- |
| Please state methods of treatment used for mastitis |
|  |
| Please state prevention measures adopted against mastitis |
|  |

|  |
| --- |
| E. Metabolic and Other Disorders |
|  |
| What were the main metabolic and other disorders in the herd?  (Please complete appropriate box/boxes) |
| Milk Fever |
| Treatments used |
|  |
| Prevention measures |
|  |

|  |
| --- |
| Staggers |
| Treatments used |
|  |
| Prevention measures |
|  |

|  |
| --- |
| Bloat |
| Treatments used |
|  |
| Prevention measures |
|  |

|  |
| --- |
| Other (Please name) |
| Treatments used |
|  |
| Prevention measures |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| F. Contagious Disease Status of Herd | | | | |
|  | | | | |
| Has the herd ever been tested positive for any of the following contagious diseases? | | | | |
| Bovine Viral Diarrhea (BVD) | Yes |  | No |  |
| Infectious Bovine Rhinotracheitis (IBR) | Yes |  | No |  |
| Leptospirosis | Yes |  | No |  |
| Johne’s disease | Yes |  | No |  |
| Bovine tuberculosis (TB) | Yes |  | No |  |
| Other (Please state) | | | | |
|  | | | | |

|  |
| --- |
| G. Vaccination Policy |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you vaccinate for any of the following? | | | | |
| Lungworm | Yes |  | No |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bovine Viral Diarrhea (BVD) | | Yes | |  | No | |  | |
| Infectious Bovine Rhinotracheitis (IBR) | | Yes | |  | No | |  | |
| Leptospirosis | | Yes | |  | No | |  | |
| Calf Diarrhea | | Yes | |  | No | |  | |
| Blackleg | | Yes | |  | No | |  | |
| Other (Please state) | | | | | | | | |
|  | | | | | | | | |
| If you vaccinate, list the products used: | | | | | | | | |
|  | | | | | | | | |
| If you do not typically vaccinate, would you vaccinate if disease pressure existed? | Yes | |  | | | No | |  |

## H. Parasites

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fecal Testing** | | | | |
| Is fecal testing performed? | Yes |  | No |  |
| If yes, when is fecal testing performed? (ex. annually, when the presence of parasites is suspected, etc.) | | | | |
|  | | | | |

|  |
| --- |
| **Ectoparasites** (for example: lice, mange, flies) |

|  |
| --- |
| Please state the type(s) of parasites found |
|  |

|  |
| --- |
| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| **Internal Parasites** |
|  |
| Please state the type(s) of parasites found (e.g. roundworm, fluke) |
|  |
| Treatment |
| Please state treatments used for each group of animals |
|  |

|  |
| --- |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| **Lungworm (Husk)** |
|  |
| Treatment |
| Please state treatments used |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| **Coccidiosis** |
|  |
| Treatment |
| Please state treatments used |
|  |

|  |
| --- |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| I. Injuries to Cattle |

|  |
| --- |
| Detail any injuries to cattle found on farm |
|  |
| Treatments used |
|  |
| Prevention measures |
|  |

|  |
| --- |
| J. Lameness |

|  |
| --- |
| What are the main causes of lameness in the herd? |
|  |
| Treatments used |
|  |

|  |
| --- |
| Prevention measures |
|  |

# IX. Health Management

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. Biosecurity | | | | |
|  |  |  |  |  |
| Do you have a biosecurity policy in place? | Yes |  | No |  |
| Are there disinfectant points prior to entering livestock areas? | Yes |  | No |  |
| Do you restrict employees from keeping their own livestock? | Yes |  | No |  |
| Are vehicles entering property (feed trucks, repair persons’ vehicles, etc.) disinfected? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please detail companies who regularly send vehicles to your property (e.g. Farmers Milling Co. weekly delivery, etc.) | | | | |
|  | | | | |
| Is this a closed herd? | Yes |  | No |  |
| Do you have isolation facilities for new or sick animals? | Yes |  | No |  |
| Do you have any biosecurity routines for bought in stock? | Yes |  | No |  |

|  |
| --- |
| Please detail the biosecurity routines below |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have shared borders with other livestock farms? | Yes |  | No |  |
| If yes, what measures are in place to prevent the risk of disease transfer between herds? | | | | |
|  | | | | |
| Do you allow visitors onto your farm? | Yes |  | No |  |
| Do you keep a record of visitors? | Yes |  | No |  |

|  |
| --- |
| If you allow visitors, what measures do you require they take to prevent introduction of disease into your herd? |
|  |

|  |
| --- |
| B. Predator and rodent control |
|  |
| Please state the type of predators and rodents found |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Controls | | | | |
| Do you use Livestock Guardian Dogs in your operation? Ex. Great Pyrenees | Yes |  | No |  |
| Do you use Livestock Guardian Animals in your operation? Ex. Donkey | Yes |  | No |  |
| Do you use Herding Dogs in your operation? Ex. Border Collie | Yes |  | No |  |
| If yes to any of the above, please describe in detail the following areas: Number of Guardian Dogs and/or Guardian Animals and/or Herding Dogs you have. Selection Criteria, Training Procedure, Health and Animal Management, Food, Water and Shelter. | | | | |
|  | | | | |
| Please state any other methods used to control predators and rodents. | | | | |
|  | | | | |

|  |
| --- |
| C. Mortality |

|  |  |  |
| --- | --- | --- |
| Bulls, Cows and Replacement Heifers mortality level |  | |
| Causes of bull, cow and replacement heifer mortality | | |
|  | | |
| Prevention measures implemented | | |
|  | | |
| Calf mortality level | |  |
| Causes of calf mortality | | |
|  | | |
| Prevention measures implemented | | |
|  | | |

|  |
| --- |
| D. On Farm Euthanasia |
|  |
| Please detail for each class of bovine below the method of euthanasia used on farm when necessary: |
| Cows and bulls |
| Reasons for euthanasia (e.g. incurably lame animals) |
|  |
| Procedure |
|  |

|  |
| --- |
| Calves pre-weaning |
| Reasons for euthanasia (e.g. deformity) |
|  |
| Procedure |
|  |

|  |
| --- |
| Calves/cattle post-weaning |
| Reasons for euthanasia (e.g. animal with broken leg) |
|  |
| Procedure |
|  |

# X. Emergency Information

|  |  |
| --- | --- |
| Emergency procedures | |
| |  |  | | --- | --- | | A. Emergency Numbers | | | Owner’s (or Manager’s) cell/mobile phone number |  | | Veterinarian |  | | Fire |  | | Electric company/electric repairs |  | | Gas company |  | | Feed company |  | |

|  |  |
| --- | --- |
| B. Potential emergency scenarios – e.g. fire, flood, power failure, etc. (please complete a box below for each one) | |
| Scenario | Fire |
| Actions | |
|  | |
| Scenario | Electricity failure |
| Actions | |
|  | |
| Scenario | Flood |
| Actions | |
|  | |

|  |  |
| --- | --- |
| Scenario | Other (please note) |
| Actions | |
|  | |

# XI. Transport

|  |  |  |  |
| --- | --- | --- | --- |
| Who transports animals? | | | |
| Farms own staff/trailer |  | Trucker |  |
| Where are animals transported and when (e.g. farm to farm, farm to pasture, farm to slaughter) | | | |
|  | | | |
| Maximum travel length? | | | |
| Time |  | Miles |  |
| Stocking density in transport (e.g. size of trailer and maximum number and weights of animals carried) | | | |
|  | | | |

# XII. Slaughter

|  |  |
| --- | --- |
| If any cattle go to slaughter, where are they taken – name and address |  |
| Method of stunning (e.g. electric shock, captive bolt) | |
|  | |

Date plan completed:

Date plan due for review: