**

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.
* 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 (if 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 |
|  |
| Existing 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 not, 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. Sheep Management

|  |
| --- |
| A. Rams  |

|  |
| --- |
| **Breed/breeds of rams used** |
|  |
| **Reason for breed choice, suitability of breed for farm** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have breeding rams on the farm? | Yes |  | No |  |
| If you have breeding rams on the farm please complete details below: |
| How do you identify animal? What form of identification is used? |  |
| How frequently are rams inspected? |  |
| Are your replacement rams home bred? | Yes |  | No |  |
| Are your replacement rams bought in? | Yes |  | No |  |
| What shelter is available for rams 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 rams and how often this is done |
|  |
| Details of ram rations (forage/minerals/feed). (Labels must be available during the audit) |
|  |
| Do rams receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

|  |
| --- |
| How are rams managed outside of breeding season? |
|  |

|  |
| --- |
| B. Ewes  |

|  |
| --- |
| **Breed/breeds of ewes in flock** |
|  |
| **Reason for breed choice, suitability of breed for farm** |
|  |
| How are ewes identified? |  |
| How frequently are the ewes inspected? |  |
| Is this flock a dairy sheep flock? | Yes |  | No |  |
| If yes, is the flock inspected at least twice per day? | Yes |  | No |  |
| 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. |
|  |

|  |
| --- |
| **Production targets** (Meat and Dairy flocks) |
| Actual and target number ewes in flock |  |
| Actual and target number of finished/market lambs sold per year |  |
| Target lambing percentage |  |
| Target number of ewes per ram |  |
| Milk yield per ewe (dairy sheep farms) |  |

|  |
| --- |
| **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:  |
|  |

|  |
| --- |
| **Lambing** |
| Season of lambing - Please check appropriate box(es) |
| Spring |  |
| Summer |  |
| Fall |  |
| Winter |  |
| All Year  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is someone available to assist at birthing, if necessary?  | Yes |  | No |  |
| Are lambing pens used? | Yes |  | No |  |
| If yes, what area is provided in each lambing pen (sq. ft.)? |  |
| If lambing pens are used, how long are ewes and newborn lambs confined to the pens (hours)? |  |
| Ewes 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 |  |

|  |
| --- |
| **Ewe age and culling** |
| Average age of ewes |  |
| Ewes culled per year (number or percentage) |  |
| Reasons for culling ewes (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 ewes that have access to pasture? |
|  |
| If bedded, what type of bedding is used? |
|  |

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

|  |
| --- |
| **Feeding** |
| Details of ewe rations (forage/minerals/feed) |
|  |
| Do meat flock ewes and dry dairy ewes receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |
| Do lactating dairy ewes receive at least 60% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

|  |
| --- |
| C. Replacement Ewes  |

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| --- |
| **Lambing replacement ewes** |
| How are replacement ewes identified?  |  |
| How frequently are replacement ewes inspected? |  |
| Do you use Artificial Insemination (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: |
|  |
| Minimum age at lambing |  |
| Minimum weight or withers height at service |   |
| Minimum condition score at service |  |
| Minimum condition score at lambing |  |
| Breed of ram(s) to be used on replacement ewes |  |
| Time of lambing - Please check appropriate box(es) |
| Spring |  |
| Summer |  |
| Fall |  |
| Winter |  |
| Year Round |  |
| Is someone available to assist at birthing, if necessary?  | Yes |  | No |  |
| Are lambing pens used? | Yes |  | No |  |
| If yes, what area is provided in each lambing pen (sq. ft.)? |  |
| If lambing pens are used, how long are ewes and newborn lambs confined to the pens (hours)? |  |
| Ewes with assisted births, typically (number or percentage) |  |
| Please explain below, what protocols you have in place to reduce assisted births? |
|  |

|  |
| --- |
| **Shelter** (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) |
| What shelter is available for replacement ewes that have access to pasture? |
|  |
| If bedded, what type of bedding is used? |
|  |

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

|  |
| --- |
| **Feeding** |
| Details of replacement ewe rations (forage/minerals/feed) |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do replacement ewes receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

|  |
| --- |
| D. Lambs  |

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

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| --- |
| Where do any lambs not retained on the farm go? |
|  |
| At what age do the lambs leave the farm? |
|  |
| **Removal of Supernumerary Teats** |
| Are supernumerary teats removed from female dairy lambs? | Yes |  | No |  |
| If yes, at what age? |  |
| If yes, is anesthetic used? | Yes |  | No |  |
| If yes, what anesthetic is used? |
|  |
| **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 breeding replacements tail docked? | Yes |  | No |  |
| Are any non-breeding sheep tail docked? | Yes |  | No |  |
| If yes, is an anesthetic used? | Yes |  | No |  |
| At what age are lambs tail docked? |  |
| Please state the method of tail docking used and reason tail docking is necessary |
|  |

|  |
| --- |
| **Weaning**  |
| At what age are meat lambs weaned from milk? |  |
| Is fence line weaning used? | Yes |  | No |  |
| Please detail how stress for the ewe and lamb is minimized at weaning |  |
| At what age are dairy sheep lambs weaned from milk or milk replacer? |  |
| Please detail how stress for the dairy ewes and lambs is minimized at separation |
|  |

|  |
| --- |
| **Shelter** (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) |
| What shelter is available for lambs that have access to pasture? |
|  |
| If bedded, what type of bedding is used? |
|  |

|  |
| --- |
| **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 |
|  |

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

|  |
| --- |
| 3-6 months |
|  |
| 6-12 months |
|  |
| Do lambs 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 |  |

|  |
| --- |
| E. Market/Finishing Lambs  |

|  |
| --- |
| Sourcing |
| Do you source any feeder stock? | Yes |  | No |  |
| Do you source any finished or point of sale lambs or sheep? | Yes |  | No |  |
| If yes to any of the above, please describe in detail from where the stock is sourced from and the status of the farm/ranch (ex. AWA or in the process of AWA approval) |
|  |

|  |
| --- |
| **Production targets** |
| Actual and target number of market/finishing lambs in flock |  |
| Actual and target number of market/finishing lambs sold  |  |
| Average finishing weight |  |
| Average finishing age (months) |  |

|  |  |
| --- | --- |
| How are market/finishing lambs identified? |  |
| How frequently are market/finishing lambs inspected? |  |

|  |
| --- |
| **Shelter** (Shelter may be provided by natural features such as shade, trees, topography or by buildings.) |
| What shelter is available for market/finishing lambs that have access to pasture? |
|  |
| If bedded, what type of bedding is used? |
|  |

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

|  |
| --- |
| **Feeding** |
| Details of market/finishing lamb rations (forage/minerals/feed) |
|  |
| Do market/finishing lambs receive at least 70% long fiber roughage/forage in their diets on a daily dry matter basis? | Yes |  | No |  |

# IV. 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.  |
|  |

# V. 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. |
|  |

# VI. 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 on pasture? | Yes |  | No |  |

|  |
| --- |
| If yes, please give details of wind breaks (materials used, layout) |
|  |
| Is a bedding pack provided on pasture? | 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 covered pastures OR sacrifice pastures? |
|  |
| How is feed provided to animals when on snow cover pastures OR sacrifice pastures? |
|  |

|  |
| --- |
| **Housing off pasture** |

|  |
| --- |
| C. Rams  |
|  |
| Please give a brief description of the housing rams 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 rams when they are housed? |
|  |
| How is feed provided to rams when they are housed? |
|  |

|  |
| --- |
| D. Ewes with Lamb(s) at Side  |
|  |
| Please give a brief description of the housing ewes with lamb(s) at side 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? |
|  |
| How is water provided to ewes with lamb(s) at side when they are housed? |
|  |
| How is feed provided to ewes with lamb(s) at side when they are housed? |
|  |

|  |
| --- |
| E. Dry Ewes  |
|  |
| Please give a brief description of the housing dry ewes 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 dry ewes when they are housed? |
|  |
| How is feed provided to dry ewes when they are housed? |
|  |

|  |
| --- |
| F. Replacement Ewes  |
|  |
| Please give a brief description of the housing replacement ewes 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 replacement ewes when they are housed? |
|  |
| How is feed provided to replacement ewes when they are housed? |
|  |

|  |
| --- |
| G. Market/Finishing Lambs  |
|  |
| Please give a brief description of the housing market/finishing lambs 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 market/finishing lambs when they are housed? |
|  |
| How is feed provided to market/finishing lambs when they are housed? |
|  |

# VII. Flock 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 sheep or flock that has been treated with antibiotics |
|  |

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

|  |
| --- |
| What were the main causes of fertility and reproductive disorders in the flock (please complete appropriate box/boxes)? |
| Type of problem e.g. Enzootic abortion, Toxoplasmosis, *Coxiella Burnetii* |  |
| Treatments used |
|  |
| Prevention measures  |
|  |

|  |
| --- |
| D. Mastitis  |
| Dairy ewes only |
| Are individual ewe somatic cell counts recorded? | Yes |  | No |  |
| Are samples taken to find bacteriological causes of mastitis? | Yes |  | No |  |
| Average flock cell count (if known) |  |
| Dairy and Meat Ewes |
| Cases of mastitis per year – number or percentage of flock |  |
| 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 causes of metabolic or other disorders in the flock (please complete appropriate box/boxes)? |
| Twin Lamb Disease |
| Treatments used |
|  |
| Prevention measures  |
|  |

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

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

|  |
| --- |
| F. Disease Status of Flock  |
|  |
| 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 |  |
| Sore mouth (orf) | Yes |  | No |  |
| Scrapie | Yes |  | No |  |
| Other (Please state) |
|  |

|  |
| --- |
| **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 |  |

|  |
| --- |
| G. Vaccination Policy  |
|  |
| Do you vaccinate? |
| Clostridial diseases | Yes |  | No |  |
| If yes, please state the number of vaccines within the injection given (e.g. 7 in 1) |
|  |
| Please state all other vaccines given and group of animals it was given to (ewes, replacements, lambs) |
|  |
| If you do not typically vaccinate, would you vaccinate if disease pressure existed? | Yes |  | No |  |

## H. Parasites

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

|  |
| --- |
| **Ectoparasites** (for example: lice, mange, scab, flies) |
|  |
| Please state the type of parasites found |
|  |
| Treatment |
| Please state treatments used for each group of animals |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| **Fly Strike** |
|  |  |  |  |  |
| Is fly control a problem on your farm?  | Yes |  | No |  |
| Treatment |
| Please state treatments used  |
|  |

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

|  |
| --- |
| **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 |
|  |

|  |
| --- |
| **Coccidiosis**  |
|  |
| Treatment |
| Please state treatments used |
|  |
| Prevention |
| Please state prevention measures adopted |
|  |

|  |
| --- |
| I. Injury to Sheep  |
| Detail any injuries found on sheep on farm  |
|  |
| Please state treatments used |
|  |

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

|  |
| --- |
| What were the main causes of lameness in the flock (please complete appropriate box/boxes)? |
| Hoof Scald |
| Treatments used |
|  |
| Prevention measures  |
|  |

|  |
| --- |
| Hoof rot |
| Treatments used |
|  |
| Prevention measures  |
|  |

|  |
| --- |
| Other hoof problems (please state what) |
| Treatments used |
|  |
| Prevention measures  |
|  |

# VII. 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 flock? | 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 flocks? |
|  |
| 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 flock? |
|  |

|  |
| --- |
| 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 |

|  |  |
| --- | --- |
| Buck, ewe, replacement ewe mortality level |  |
| Causes of buck, ewe, replacement ewe mortality  |
|  |
| Prevention measures implemented |
|  |
| Lamb mortality level |  |
| Causes of lamb mortality |
|  |
| Prevention measures implemented |
|  |

|  |  |
| --- | --- |
| Market/Finishing sheep mortality level |  |
| Causes of market/finishing sheep mortality |
|  |
| Prevention measures implemented |
|  |

|  |
| --- |
| D. On farm euthanasia |
|  |
| Please detail for each class of sheep below the method of euthanasia used on farm when necessary: |
| Ewes and rams |
| Reasons for euthanasia (e.g. incurably lame animals) |
|  |
| Procedure |
|  |
| Lambs pre-weaning |
| Reasons for euthanasia (e.g. deformity) |
|  |
| Procedure |
|  |

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

# VIII. 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

|  |
| --- |
| 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  |
|  |

# IX. 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) |
|  |

# X. Slaughter

|  |  |
| --- | --- |
| Where do sheep go for slaughter? (Please provide name and address) |  |
| Method of stunning (e.g. electric shock, captive bolt) |
|  |

Date plan completed:

Date plan due for review: