

HERD HEALTH QUESTIONNAIRE

In order to provide you with the best advice and treatment for your animals, we are asking our producers to fill out this questionnaire. There are many different vaccination and deworming protocols used by clients based on breeding and weaning cycles, convenience, facility and past experiences. Our goal is to work with you to make individual herd health protocols that work for your operation. Please fill in the questionnaire as completely as you can, and add any additional information you think would be important.

Client/Farm Name: _____

Primary Contacts: _____

Facility/Animal Address: _____

Squeeze Chute: **YES** / **NO** Head Catch: **YES** / **NO** Milking Stanchion: **YES** / **NO**

Cattle:

How many total head? _____

Breed(s) _____

Cows _____

Heifers _____

Bulls _____

Steers _____

Do you retain your calves or purchase from outside sources, if so, where?

What are your goals with your herd? _____

Is your herd tested for Brucellosis, Tuberculosis, Johnes, Q fever, Bovine Leukemia Virus, Bovine Viral Diarrhea? **YES** or **NO**

Which animals are tested? _____

Do you test annually, or only new animals? _____

Status/results: _____

Dairy Herds – Do you sell raw milk? _____

Are you certified? Which state? _____

When does your annual permit expire? _____

Herd/cow testing status: _____

Beef Herd – Do you sell live animals? Direct from property or through livestock auction?

Do you sell beef? _____

Which animals are processed and at what age? _____

Do you breed AI or with a bull (owned/leased)? _____

AI breeders – Are you heat based or use a sync protocol? _____

Who does your AI? _____

Bull Breeders – When do you trich test? _____
Are your bulls semen tested at purchase or annually? _____
When do you breed? _____
When do you calve? _____
Would you like to change either of these? _____

Vaccine Protocol:

Do you vaccinate your animals? **YES / NO**
Do you use a modified live or killed vaccine for your animals?
Modified live / killed / I don't know

Examples of viral vaccines: Cattlemaster, Vista 5, Express FP5, Pyramid 5, ViraShield

Examples of Clostridial vaccines: Covexin, Tasvax, Vision 8

Examples of Scour vaccines: Scourguard, Scour bos

Last time vaccines were administered? _____

Using the examples above, which groups receive a viral vaccine, which product, and WHEN?

Using the examples above, which groups receive a clostridial vaccine, which product, and WHEN? _____

Using the examples above, which groups receive a scour vaccine, which product, and WHEN?

Does this protocol change or stay the same annually? _____

Are newborns processed at birth? Do they receive any of the following:

Ear tag	Dehorning	Vaccine: _____
Selenium	Vitamin A/D	Antibiotic: _____
Banding/Castration	Multimin	

Please summarize your herd events (approximate dates are fine) below. Please include:

Bull Turnout _____	Vaccination dates _____
Bull pulled from herd _____	Weaning dates _____
Calving begin & end _____	

At weaning, what processing do calves receive?

Ear Tag _____

Selenium _____

Multi-min _____

Vaccines _____

Deworm _____

Other _____

Nutrition:

How many acres do you use for animals: _____

Do you have one large communal pasture, or graze in rotation? _____

Do you have a drylot or feed ground/sacrifice area: _____

What part of the year is this used? _____

Type of hay: _____

Which animals: _____

Quantity per animal: _____

Type of grain fed: _____

Which animals: _____

Quantity per animal: _____

Type of mineral: _____ BLOCK / LOOSE

Is mineral free choice or included in the ration: _____

Does your farm implement any biosecurity protocols in regards to new additions or sick animals? (do you have a sick pen, isolation area, separate equipment for new/sick animals, how long is your quarantine period, do you do any herd health testing): _____

Do you have any set protocols for treating common illnesses, such as pneumonia, pinkeye, foot rot, etc?
YES / NO

If no....are you interested in protocols that could be provided to you? YES / NO

Do you deworm your cattle? YES / NO

What product(s) do you use? Please include time of year used, and to which groups of animals

Sheep:

How many head total? _____

Breed(s) _____

Ewes _____

Wethers _____

Rams _____

Do you retain your lambs or purchase from outside sources, if so, where?

What are your goals with your herd? _____

Is your herd tested for Caseous Lymphadenitis, Ovine Progressive Pnuemonia, Johnes?

YES or **NO**

Which animals are tested? _____

Do you test annually, or only new animals? _____

Status/results: _____

Dairy Herds – Do you sell raw milk? _____

Are you certified? Which state? _____

When does your annual permit expire? _____

Herd/ewe testing status: _____

Meat Herd – Do you sell live animals? Direct from property or through livestock auction?

Do you sell lamb? _____

Which animals are processed and at what age? _____

Do you breed AI or with a ram (owned/leased)? _____

AI breeders – Are you heat based or use a sync protocol? _____

Who does your AI? _____

Ram Breeders – Do you test prior to breeding? (Brucella, Johnes, Caseous Lymphadenitis, Ovine Progressive Pnuemonia) _____

Are your rams semen tested at purchase or annually? _____

When do you breed? _____

When do you lamb? _____

Would you like to change either of these? _____

Vaccine Protocol:

Do you vaccinate your animals? **YES / NO**

Do you use a modified live or killed vaccine for your animals?

Modified live / killed / I don't know

Examples of viral vaccines: Ovine Ecthyma, Campylobacter, Chlamydia

Examples of Clostridial vaccines: Covexin, Vision 8, CDT

Using the examples above, which groups receive a viral vaccine, which product, and WHEN?

Using the examples above, which groups receive a clostridial vaccine, which product, and WHEN?

Does this protocol change or stay the same annually?

Are newborns processed at birth? Do they receive any of the following:

Ear tag	Dehorning	Vaccine: _____
Selenium	Vitamin A/D	Antibiotic: _____
Banding/Castration	Tail Docking	

Please summarize your herd events (approximate dates are fine) below. Please include:

Ram Turnout _____	Vaccination dates _____
Ram pulled from herd _____	Weaning dates _____
Lambing begin & end _____	

At weaning, what processing do lambs receive?

Ear Tag _____	Deworm _____
Selenium _____	Other _____
Vaccines _____	

Nutrition:

Do you have a drylot or feed ground/sacrifice area: _____

What part of the year is this used? _____

Type of hay: _____

Which animals: _____

Quantity per animal: _____

Type of grain fed: _____

Which animals: _____

Quantity per animal: _____

Type of mineral: _____ BLOCK / LOOSE

Is mineral free choice or included in the ration: _____

Do you deworm your sheep? YES / NO

What product(s) do you use? Please include time of year used, and to which groups of animals

Goats:

How many total head? _____

Breed(s) _____

Does _____

Wethers _____

Doelings _____

Bucks _____

Do you retain your kids or purchase from outside sources, if so, where?

What are your goals with your herd? _____

Is your herd tested for Caseous Lymphadenitis, Caprine Arthritis Encephalitis, Johnes? **YES** or **NO**

Which animals are tested? _____

Do you test annually, or only new animals? _____

Status/results: _____

Dairy Herds – Do you sell raw milk? _____

Are you certified? Which state? _____

When does your annual permit expire? _____

Herd/doe testing status: _____

Meat Herd – Do you sell live animals? Direct from property or thru livestock auction?

Do you sell meat? _____

Which animals are processed and at what age? _____

Do you breed AI or with a buck (owned/leased)? _____

AI breeders –

Are you heat based or use a sync protocol? _____

Who does your AI? _____

Buck Breeders –

When do you breed? _____

When do you kid? _____

Would you like to change either of these? _____

Vaccine Protocol:

Do you vaccinate your animals? **YES / NO**

Do you use a modified live or killed vaccine for your animals?

Modified live / killed / I don't know

Examples of viral vaccines: Ovine Ecthyma, Chlamydia

Examples of Clostridial vaccines: Covexin, CDT, Vision 8

Using the examples above, which groups receive a viral vaccine, which product, and WHEN?

Using the examples above, which groups receive a clostridial vaccine, which product, and WHEN? _____

Does this protocol change or stay the same annually? _____

Are newborns processed at birth? Do they receive any of the following:

Ear tag Dehorning Vaccine: _____

Selenium Vitamin A/D Antibiotic: _____

Banding Multimin

Please summarize your herd events (approximate dates are fine) below. Please include:

Buck Turnout _____

Vaccination dates _____

Buck pulled from herd _____

Weaning dates _____

Kidding begin & end _____

At weaning, what processing do kids receive?

Ear Tag _____

Vaccines _____

Selenium _____

Deworm _____

Multi-min _____

Other _____

Nutrition:

Do you have a drylot or feed ground/sacrifice area: _____

What part of the year is this used? _____

Type of hay: _____

Which animals: _____

Quantity per animal: _____

Type of grain fed: _____

Which animals: _____

Quantity per animal: _____

Type of mineral: _____ BLOCK / LOOSE

Is mineral free choice or included in the ration: _____

Do you deworm your goats? YES / NO

What product(s) do you use? Please include time of year used, and to which groups of animals

Pigs:

How many total head? _____

Breed(s) _____

Sows _____

Gilts _____

Boars _____

Barrows _____

Do you retain your pigs or purchase from outside sources, if so, where?

What are your goals with your herd? _____

Do you do any biosecurity testing? **YES** or **NO**

Which animals are tested? _____

Do you test annually, or only new animals? _____

Status/results: _____

Meat Herd – Do you sell live animals? Direct from property or thru livestock auction?

Do you sell pork? _____

Which animals are processed and at what age? _____

Do you breed AI or with a boar (owned/leased)? _____

AI breeders – Are you heat based or use a sync protocol? _____

Who does your AI? _____

Boar Breeders – Do you test your boars for disease? _____

Are your boars semen tested at purchase or annually? _____

When do you breed? _____

When do you farrow? _____

Would you like to change either of these? _____

Vaccine Protocol:

Do you vaccinate your animals? **YES / NO**

Do you use a modified live or killed vaccine for your animals?

Modified live / killed / I don't know

Examples of bacterial vaccines: RespieSure, FarrowSure, Rhinishield, FluSure, Circumvent

Using the examples above, which groups receive a vaccine, which product, and WHEN?

Does this protocol change or stay the same annually? _____

Are newborns processed at birth? Do they receive any of the following:

Ear tag/notches

Iron

Selenium

Vaccine: _____

Castration

Antibiotic: _____

Please summarize your herd events (approximate dates are fine) below. Please include:

Boar Turnout _____

Vaccination dates _____

Boar pulled from herd _____

Weaning dates _____

Farrowing begin & end _____

At weaning, what processing do piglets receive?

Ear Tag _____

Deworm _____

Selenium _____

Other _____

Vaccines _____

Nutrition:

Do you have a drylot or feed ground/sacrifice area: _____

What part of the year is this used? _____

Type of hay: _____

Which animals: _____

Quantity per animal: _____

Type of grain fed: _____

Which animals: _____

Quantity per animal: _____

Type of mineral: _____ BLOCK / LOOSE

Is mineral free choice or included in the ration: _____

What other foods/things do you feed your hogs: _____

Do you deworm your pigs? YES / NO

What product(s) do you use? Please include time of year used, and to which groups of animals
