USDA

United States Department of Agriculture
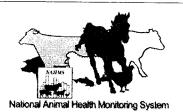
APHIS

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

Veterinary Services

NATIONAL AGRICULTURAL STATISTICS SERVICE

GENERAL DAIRY MANAGEMENT REPORT
January 2007

National Animal Health Monitoring System

National Animal Health Monitoring System (NAHMS)

2150 Centre Ave.,
Bldg. B
Fort Collins, Co 80526-8117

Form Approved
O.M.B. Number 0579-0205
Approval Expires 01/01/2010

Please make corrections to name, address and Zip Code, if necessary.

Stratum	POID	Tract	Subtract

Attempted Contacts		
Date	Time	Notes

BEGINNING TIME *[MILITARY]*. . . . . *(HHMM)*

`0002`
___ ___ ___ ___

INTRODUCTION

[Rephrase in your own words.]

We would like to ask you some questions about your **dairy operation**. In order to understand important issues in the dairy industry, we need to obtain information about the health status of your dairy cattle, any health problems they may have had, as well as productivity and management information.

You may find it easier and more accurate if records are used to answer some of the questions. Response is **voluntary** and not required by law. However, your responses are needed to make regional and national estimates as accurate as possible.

Operation Description

1. Were any **dairy cows**, regardless of ownership, on this operation on January 1, 2007? $\square_1$ Yes $\square_3$ No

Code
`0010`

[If Item 1 = 'yes', continue; if Item 1 = 'no', SKIP to section I.]

2. Which of the following best describes this dairy operation's practices? *[Choose only one.]*

   a. $\square_1$ Conventional (majority of forage consumed is not harvested by cows)

   b. $\square_2$ Grazing (majority of forage consumed is harvested by cows)

   c. $\square_3$ Combination of conventional and grazing

   d. $\square_4$ Organic (operation meets USDA organic standards)

   e. $\square_5$ Other? (Specify: _____)

Code
`0102`

NAHMS-187
JAN 2007

A – Cattle Inventory

Now I have some questions about **all** of the **cattle and calves**, regardless of ownership, that were on this operation on **January 1, 2007**. Include both dairy cattle and beef cattle.

	Head

1. On **January 1**, how many **dairy cows**, whether dry or in milk, were on this operation? Include dairy heifers that had calved. . . . . **+**   `0103`

   a. How many of these were milked **on January 1, 2007**?. . . . .   `0104`

   b. How much milk was produced on **January 1, 2007**?
      (Record in either pounds or gallons.)
      [Include only 1 day's production.]. . . . .   `0105` lb **OR** `0106` gal

2. On **January 1**, how many **beef cows** were on this operation?
   (Include beef heifers that had calved.) . . . . **+**   `0107`

3. How many **bulls weighing 500 pounds or more** were on this operation on **January 1**?
   (Include dairy and beef bulls. Include spotters.). . . . . **+**   `0108`

[If No Bulls, skip to Item 4.]

   a. How many of these (Item 3) **bulls** have been used for **breeding dairy cows or heifers** on this operation?. . . . .   `0109`

   [If none used for dairy breeding, skip to Item 4.]

   b. Of these bulls used for breeding **dairy cows or heifers** (Item 3a),
      how many were **dairy bulls**?. . . . .   `0110`

4. On **January 1**, how many **heifers weighing 500 pounds or more** were on this operation?
   (Heifers that have calved should be recorded as cows.)

   a. for **dairy cow replacement?**. . . . . **+**   `0111`

   b. for **beef cow replacement?**. . . . . **+**   `0112`

   c. **Other heifers weighing 500 pounds or more?**. . . . . **+**   `0113`

5. On **January 1**, how many **steers weighing 500 pounds or more** were on
   this operation?. . . . . **+**   `0114`

6. How many **total calves under 500 pounds, including newborns,** were on this operation on
   January 1? (Include heifer, steer, and bull calves.). . . . . **+**   `0115`

   a. How many of these **calves under 500 pounds are dairy heifers?**. . . . .   `0116`

[Add Items 1, 2, 3, 4a, 4b, 4c, 5, and 6.]

Total Cattle and Calves

7. Then the total cattle and calves on hand **January 1** was:. . . . .   **=**   `0117`
   Is that correct? *[Make necessary corrections, then continue.]*

Total Dairy Heifers

8. *[Add Items 4a and 6a.]*   `0118`
   The total **dairy heifers (dairy cow replacements plus dairy heifer calves)**
   on hand **January 1** was:. . . . .

[If no dairy heifers were on hand (Item 8 = 0), SKIP to Item 13.]

A – Cattle Inventory

9. Of the (Item 8) **dairy heifers**:

	Head

   a. How many are **not yet weaned**? . . . . **+** `0119`

   b. How many are weaned but **not yet of breeding age**? . . . . **+** `0120`

   c. How many are **breeding age and older**? . . . . **+** `0121`

   Total

10. *[Add Items 9a, 9b, and 9c. Total should equal Item 8.]* . . . . **=** `0122`

11. Of these (Item 8) **dairy heifers**:

   a. How many were born and raised on this operation? . . . . **+** `0123`

   b. How many were born on this operation and raised off this operation? . . . . **+** `0124`

   c. How many were born off this operation? . . . . **+** `0125`

   Total

12. *[Add Items 11a, 11b, and 11c. Total should equal Item 8.]* . . . . **=** `0126`

13. How many of the (Item 1) **dairy cows** on hand were:

   a. Holstein? . . . . **+** `0127`

   b. Jersey? . . . . **+** `0128`

   c. Ayrshire? . . . . **+** `0129`

   d. Brown Swiss? . . . . **+** `0130`

   e. Guernsey? . . . . **+** `0131`

   f. Other, including mixed dairy breeds? (Specify: _____) . . . . **+** `0132`

   Total

14. *[Add number of head by breed. Total should equal (Item 1) dairy cows on hand.]* . . . . . **=** `0133`

15. Of the (Item 1) **dairy cows** on hand, what percent are registered with a breed association (purebred)? . . . . `0134` %

B – Dairy Herd Information And Management Practices

The next questions are about dairy herd management practices used by this operation.

1. What percentage of this operation's **dairy cows** has the following types of identification? If electronic ear tags or collars are used, count in <u>both categories</u>. *[Answer all that apply.]*

	Individual Animal Level (each animal has its own unique ID)	Herd Level (all animals have same ID)
a. Ear tags (all kinds)?	0200 %	0210 %
b. Collars?	0201 %	0211 %
c. Photograph or sketch?	0202 %	▓▓▓▓▓
d. Branding (all methods)?	0203 %	0212 %
e. Tattoo (other than tattoo for brucellosis)?	0204 %	0213 %
f. Leg bands?	0205 %	▓▓▓▓▓
g. Electronic ID (pedometers, bar code, RFD, etc.)?	0206 %	0214 %
h. Other? (Specify: _____)	0207 %	0215 %
i. No identification?	0208 %	0216 %
j. Total Add items 1a-1i.	0209 %	0217 %

(Total should be equal to or greater than 100%.)

[If item 1i. (cell 208) = 100% (no individual animal identification), SKIP to Item 3.]

2. What is the primary purpose for using individual animal identification on this operation? *[Check only one.]*

   a. ☐ 1 For evaluating milk production?

   b. ☐ 2 For evaluating animal health?

   c. ☐ 3 For disease or residue trace back?

   d. ☐ 4 For evaluating genetic improvements?

   e. ☐ 5 Other? (Specify: _____)

Code
0218

3. Has this operation been assigned a unique premises ID by your State's Department of Agriculture as part of the National Animal ID System (NAIS)?.... ☐ 1 Yes   ☐ 3 No

4. Has this operation implemented an individual animal ID system or technology that utilizes the U.S. Animal Identification Number (AIN) guidelines (a unique "840" number used for official identification of individual animals in the U.S.)? ... ☐ 1 Yes   ☐ 3 No

Code
0219
0220

5. What type(s) of record keeping system(s) does this operation use to track **individual dairy animals**? Do you use:

   a. Handwritten records, such as a ledger or notebook? .... ☐ 1 Yes   ☐ 3 No   `0221`

   b. Dairy Herd Improvement Association (DHIA)? .... ☐ 1 Yes   ☐ 3 No   `0222`

   c. Off-farm computer record system other than DHIA? .... ☐ 1 Yes   ☐ 3 No   `0223`

   d. On-farm computer record system? .... ☐ 1 Yes   ☐ 3 No   `0224`

   e. Other systems? (Specify: _____) .... ☐ 1 Yes   ☐ 3 No   `0225`

   f. None? .... ☐ 1 Yes   ☐ 3 No   `0226`

[If Item 5c or 5d is YES, continue to 5g. Otherwise, SKIP to Item 6.]

B – Dairy Herd Information And Management Practices

g. What off-farm (item 5c) or on-farm (item 5d) computer record system is primarily used?

[Choose only one.]

(i) ☐₁ Dairy Comp 305

(ii) ☐₂ PC Dart

(iii) ☐₃ DHI Plus

(iv) ☐₄ Other? (Specify: _____)

Code
0227

6. During 2006 did this operation participate in any of the following types of quality assurance programs (programs to improve product quality through assessments and monitoring)?

		Code
a. State sponsored	☐₁ Yes ☐₃ No	0228
b. Local milk cooperative/processor sponsored	☐₁ Yes ☐₃ No	0229
c. National industry sponsored	☐₁ Yes ☐₃ No	0230
d. Other? (Specify: _____)	☐₁ Yes ☐₃ No	0231

7. Which of the following best describes who is **primarily** responsible for balancing feed rations fed to dairy cows?

[Choose only one.]

a. ☐₁ Employee (nonveterinarian)

b. ☐₂ Independent nutritionist

c. ☐₃ Feed company nutritionist

d. ☐₄ Veterinarian

e. ☐₅ Operator/Owner

f. ☐₆ Other? (Specify: _____)

Code
0232

		Code
8. Does this operation use forage test results to balance feed rations?	☐₁ Yes ☐₃ No	0233
9. Does this operation feed a total mixed ration (TMR)?	☐₁ Yes ☐₃ No	0234
10. Does this operation rely on pasture during the growing season to provide part of the forage component of the ration?	☐₁ Yes ☐₃ No	0235

Head
0236

11. How many **dairy cows** milked on January 1, 2007, have received or will receive bST (bovine Somatotropin, trade name Posilac®) this lactation?

0237	
	Annual

12. What is the current **rolling herd average** for milk production? (pounds/cow)

B – Dairy Herd Information And Management Practices

	Number

13. During 2006, what was the **average number of days that dairy cows** were dry?. . . . . | 0238 |

14. During 2006, what was the **average calving interval, in months,** for **dairy cows?**
(Calving interval is the time from one calving to the next calving for an individual cow.). . . . . | 0239 |

15. What was the **average age,** in **months,** of **dairy heifers** at time of **first calving?**. . . . . | 0240 |

The following questions are concerned with the **routine** care and feeding of **newborn dairy heifer calves** that will be used **for dairy cow replacement.**

16. How soon after birth are **dairy heifer calves normally separated** from their mother?
[Check only one.]

   a. ☐₁ Immediately (no nursing)

   b. ☐₂ After nursing but less than 12 hours

   c. ☐₃ 12 – 24 hours

   d. ☐₄ More than 24 hours

Code
0241

17. How many hours after birth do newborn **dairy heifer calves** normally get their first feeding of colostrum? . . . .

Hours
0242

18. How do **newborn dairy heifer calves normally** get their first feeding of colostrum?
[Check only one.]

   a. ☐₁ During first nursing

   b. ☐₂ Hand feeding from bucket or bottle

   c. ☐₃ Hand feeding using esophageal feeder

   d. ☐₄ Do not get colostrum

Code
0243

   [If item 18 = '1' or '4', SKIP to Item 26. If Item 18 = '2' or '3', continue.]

19. How much **first-milking colostrum** is normally **fed by hand** to **dairy heifer calves** during the **first 24 hours?**
[Check only one.]

   a. ☐₁ Two quarts or less

   b. ☐₂ More than 2, but less than 4 quarts

   c. ☐₃ Four quarts or more

Code
0244

20. Does this operation estimate immunoglobulin (Ig) levels in, or quality of, colostrum?. . . . . ☐₁ Yes ☐₃ No

Code
0245

[If Item 20 = Yes, continue; if Item 20 = No, SKIP to Item 22.]

B – Dairy Herd Information And Management Practices

21. What is the **primary** method used for estimating immunoglobulin (Ig) levels in, or quality of, colostrum?
[Check only one.]

    a. ☐₁ Colostrometer

    b. ☐₂ Visual appearance

    c. ☐₃ Volume of first milking colostrum (pounds)

    d. ☐₄ Other? (Specify:_____)

Code
0246

Code
0247

22. Does this operation pool colostrum from more than one cow?............... ☐₁ Yes ☐₃ No

23. Does this operation store excess colostrum?............................. ☐₁ Yes ☐₃ No

Code
0248

[If Item 23 = 'No', SKIP to Item 25.]

24. What is the **primary** method of colostrum storage? **[Check only one.]**

    a. ☐₁ Stored without refrigeration

    b. ☐₂ Stored in the refrigerator

    c. ☐₃ Stored in the freezer

    d. ☐₄ Other? (Specify:_____)

Code
0249

25. Does this operation pasteurize colostrum?.............................. ☐₁ Yes ☐₃ No

Code
0250

26. Does this operation routinely monitor serum proteins (as a measure of passive transfer) within the first 3 days of age in **dairy heifer calves**?............... ☐₁ Yes ☐₃ No

Code
0251

27. Are the following **classes of cattle** raised exclusively on this operation?

    a. Unweaned dairy heifers .... ☐₁ Yes ☐₃ No

    b. Weaned dairy heifers .... ☐₁ Yes ☐₃ No

    c. Bred dairy heifers .... ☐₁ Yes ☐₃ No

Code
0252
0253
0254

[If 'Yes' for all classes of cattle, skip to question 36.]

Please answer the following questions for dairy heifers that are raised off the operation.

Days
0255

28. At what age do **dairy heifers** leave the operation to be raised off site (days)?................

29. At the time **dairy heifers** leave the operation to be raised off site, are they: **[Check only one.]**

    a. ☐₁ Unweaned heifers?

    b. ☐₂ Weaned heifers?

    c. ☐₃ Bred heifers?

    d. ☐₄ Other? (Specify:_____)

Code
0256

B – Dairy Herd Information And Management Practices

30. Which best describes the ownership of the majority of **dairy heifers** that are raised off site:

[Check only one.]

    a. ☐₁ Ownership is retained

    b. ☐₂ Same animals are sold and then bought back

    c. ☐₃ Animals sold are not the same animals bought back

    d. ☐₄ Other? (Specify:_____)

Code
0257

31. How many miles are the **dairy heifers** transported to the off-site rearing facility? . . . .

Miles
0258

32. Do the **dairy heifers** ever leave the state of origin during the off-site rearing? ... ☐₁ Yes ☐₃ No

Code
0259

33. Which of the following best describes the off-site rearing facility?

[Check only one.]

    a. ☐₁ Dairy heifers are sent to a single rearing facility and do not have contact with cattle from other operations.

    b. ☐₂ Dairy heifers are sent to multiple rearing facilities and do not have contact with cattle from other operations.

    c. ☐₃ Dairy heifers are sent to a single rearing facility and have contact (commingled) with cattle from other operations.

    d. ☐₄ Dairy heifers are sent to multiple rearing facilities and have contact (commingled) with cattle from other operations.

    e. ☐₅ Other? (Specify:_____)

Code
0260

34. At what age do **dairy heifer replacements** usually arrive or return to the operation (months)? . . . .

Months
0261

35. At the time **dairy heifer replacements** usually arrive or return to the operation, are they:

[Check only one.]

    a. ☐₁ Unweaned heifers?

    b. ☐₂ Weaned heifers?

    c. ☐₃ Bred heifers?

    d. ☐₄ Other? (Specify:_____)

Code
0262

B – Dairy Herd Information And Management Practices

36. What percentage of **dairy heifer calves** received the following liquid diets at any time prior to weaning during 2006?

	Percent
a. Nonmedicated milk-replacer.	0263
b. Medicated milk-replacer.	0264
c. Unpasteurized waste milk.	0265
d. Pasteurized waste milk	0266
e. Unpasteurized whole (saleable) milk.	0267
f. Pasteurized whole (saleable) milk.	0268
g. Other? (Specify:_____)	0269
h. Total (should be equal to or greater than 100%)	0270

[If Item 36b = 0, SKIP to Item 38.]

37. Was the milk-replacer medicated with:

		Code
a. Chlortetracycline (CTC)?	☐₁ Yes ☐₃ No	0271
b. Oxytetracycline (OTC)?	☐₁ Yes ☐₃ No	0272
c. Oxytetracycline in combination with Neomycin (Oxy/NEO)?	☐₁ Yes ☐₃ No	0273
d. Decoquinate?	☐₁ Yes ☐₃ No	0274
e. Lasalocid?	☐₁ Yes ☐₃ No	0275
f. Other? (Specify:_____)	☐₁ Yes ☐₃ No	0276

38. Which best describes how frequently milk feeding equipment (bottles, buckets, nipples) is cleaned and disinfected using bleach, soap, acids, etc.? *[Check only one.]*

a. ☐₁ Between calves

b. ☐₂ Daily

c. ☐₃ Weekly

d. ☐₄ Monthly

e. ☐₅ Other (Specify:_____)

Code
0277

39. What is the **average age** in **days** that the following are routinely offered to unweaned **dairy heifer calves**:

	Days
a. Water?	0278
b. Starter grain or other concentrates?	0279
c. Hay or other roughages?	0280

Weeks
0281

40. What is the **average age, in weeks, of dairy heifer calves** at weaning?

B – Dairy Herd Information And Management Practices

The following questions are about routine **dairy herd** management.

41. Of the **dairy cow replacements** that entered the milking herd in 2006:

	Head
a. How many were born and raised on this operation?....................................	0282
b. How many were born on this operation and raised off this operation?	0283
c. How many were born off this operation?	0284
d. Total?	0285

42. During 2006, of the **dairy cows** that were **permanently removed** (excluding cows that died), how many were:

	Head
a. Sent directly to another dairy?...	0286
b. Sent to a market, auction, or stockyard?..	0287
c. Sent directly to a packer or slaughter plant?....................................	0288
d. Sent elsewhere? (Specify _____)	0289
e. Total?	0290

43. Of the **dairy cows** permanently removed (excluding those that died), how many were removed primarily because of:

	Head
a. Udder or mastitis problems?...	0291
b. Lameness or injury?..	0292
c. Reproductive problems?...	0293
d. Poor production not related to above problems?.................................	0294
e. Aggressiveness or belligerence (kickers)?.....................................	0295
f. Other diseases?..	0296
g. Sold as replacement animals to another dairy?.................................	0297
h. Other reasons? (Specify: _____)......................	0298
i. Total (should equal Item 42e)...	0299

C – Health Management

1. Does this operation normally vaccinate **dairy heifers or cows** for:

Code	
Yes = 1	No = 3
Heifers	**Cows**
0300	0313
0301	0314
0302	0315
0303	0316
0304	0317
0305	0318
0306	0319
0307	0320
0308	0321
0309	N/A
0310	N/A
0311	0322
0312	0323

   a. BVD (*Bovine Viral Diarrhea*)?. . . . .

   b. IBR (*Infectious Bovine Rhinotracheitis*)?. . . . .

   c. P13 (*Parainfluenza Type 3*)?. . . . .

   d. BRSV (*Bovine Respiratory Syncytial Virus*)?. . . . .

   e. *Haemophilus somnus*?. . . . .

   f. Lepto (*Leptospirosis*)?. . . . .

   g. *Salmonella*?. . . . .

   h. *E. coli* mastitis?. . . . .

   i. Clostridia, such as black leg or enterotoxemia?. . . . .

   j. Brucellosis (*heifers only*)?. . . . .

   k. Johne's disease (*Mycobacterium paratuberculosis*) (*heifers only*)?. . . . . .

   l. *Neospora*?. . . . .

   m. Other? (Specify:_____) . . . .

[If BVD vaccine is used (Item 1a = 'Yes'), continue; otherwise skip to Item 5.]

2. What type(s) of BVD vaccine are injected into **dairy heifers or cows**:

Code	
Yes = 1	No = 3
Heifers	**Cows**
0324	0326
0325	0327

   a. Killed?. . . . .

   b. Modified live? . . . .

3. Which strain of BVD is contained in the vaccine administered?
[Check only one.]

   a. ☐₁ Type I only

   b. ☐₂ Type II only

   c. ☐₃ Combination (Type I and II)

   d. ☐₄ Don't know

   } . . . .

Code
0328

4. Are **dairy cows** given annual **BVD booster injections**?. . . . .   ☐₁ Yes   ☐₃ No

Code
0329

5. Are **dairy heifer replacements** routinely tested for persistent infection (PI) with BVD?. . . . .   ☐₁ Yes   ☐₃ No

Code
0330

[If Item 5 is No, SKIP to Item 7.]

C – Health Management

6. Which of the following testing methods are used?

					Code
a.	Individual ear notch.	☐₁ Yes	☐₃ No		0331
b.	Pooled ear notch.	☐₁ Yes	☐₃ No		0332
c.	Individual serum samples.	☐₁ Yes	☐₃ No		0333
d.	Pooled serum samples.	☐₁ Yes	☐₃ No		0334
e.	Other? (Specify:_____)	☐₁ Yes	☐₃ No		0335

Now I have some questions about **preventive practices** you **normally** use. I'll ask about preventive practices for **dairy replacement heifers** and **dairy cows.**

7. For **dairy replacement heifers**, does this operation **normally use:**

					Code
a.	Dewormers?.	☐₁ Yes ☐₂ D/K ☐₃ No			0336
b.	Coccidiostats in feed?.	☐₁ Yes ☐₂ D/K ☐₃ No			0337
c.	Vitamins A-D-E **injection**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0338
d.	Vitamins A-D-E **in feed**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0339
e.	Selenium **injection**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0340
f.	Selenium **in feed**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0341
g.	Ionophores in Feed (e.g., Rumensin®, Bovatec®)?.	☐₁ Yes ☐₂ D/K ☐₃ No			0342
h.	Probiotics?.	☐₁ Yes ☐₂ D/K ☐₃ No			0343
i.	Anionic salts **in feeds**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0344
j.	Other? (Specify:_____)	☐₁ Yes ☐₂ D/K ☐₃ No			0345

8. For **dairy cows**, does this operation **normally use:**

					Code
a.	Dewormers?.	☐₁ Yes ☐₂ D/K ☐₃ No			0346
b.	Ionophores in feed (e.g., Rumensin®)?.	☐₁ Yes ☐₂ D/K ☐₃ No			0347
c.	Vitamins A-D-E **injection**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0348
d.	Vitamins A-D-E **in feed**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0349
e.	Selenium **injection**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0350
f.	Selenium **in feed**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0351
g.	Probiotics?.	☐₁ Yes ☐₂ D/K ☐₃ No			0352
h.	Anionic salts **in close-up dry cow feeds**?.	☐₁ Yes ☐₂ D/K ☐₃ No			0353
i.	Limited potassium **in dry cow ration**?	☐₁ Yes ☐₂ D/K ☐₃ No			0354
j.	Other? (Specify:_____)	☐₁ Yes ☐₂ D/K ☐₃ No			0355

C – Health Management

	Code
9. During 2006, did any cows experience an adverse reaction (e.g., hives, collapse, abortion, lump or swelling in the location, etc.) to an injection (vaccine, antibiotic, vitamin, etc.)? . . . . $\square_1$ Yes $\square_3$ No	0356

[If Item 9 = No, SKIP to section D.]

10. Of the cows experiencing adverse reactions, did any display the following clinical signs?

		Code
a. Collapse. . . . . $\square_1$ Yes $\square_3$ No		0357
b. Hives. . . . . $\square_1$ Yes $\square_3$ No		0358
c. Abortion. . . . . $\square_1$ Yes $\square_3$ No		0359
d. Lump or swelling in the location of injection. . . . . $\square_1$ Yes $\square_3$ No		0360
e. Loss of milk production. . . . . $\square_1$ Yes $\square_3$ No		0361
f. Lack of product efficacy . . . . $\square_1$ Yes $\square_3$ No		0362
g. Fever . . . . $\square_1$ Yes $\square_3$ No		0363
h. Lethargy . . . . $\square_1$ Yes $\square_3$ No		0364
i. Respiratory disease . . . . $\square_1$ Yes $\square_3$ No		0365
j. Infertility . . . . $\square_1$ Yes $\square_3$ No		0366
k. Other? (Specify:_____) . . . . $\square_1$ Yes $\square_3$ No		0367

	Code
11. Were any of the cows with adverse reactions examined by a veterinarian? . . . . . $\square_1$ Yes $\square_3$ No	0368

12. Did this operation report any of the adverse reactions to:

	Code
a. Veterinarian?. . . . . $\square_1$ Yes $\square_3$ No	0369
b. Manufacturer?. . . . . $\square_1$ Yes $\square_3$ No	0370
c. USDA's Center for Veterinary Biologics?. . . . . $\square_1$ Yes $\square_3$ No	0371
d. FDA's Center for Veterinary Medicine? . . . . $\square_1$ Yes $\square_3$ No	0372
e. Other? (Specify:_____) . . . . $\square_1$ Yes $\square_3$ No	0373

D – Births, Illness, and Deaths

Now I need to ask about births, illness, and deaths in the **dairy herd** last year.

1. During 2006, how many **calves** (bulls and heifers) born to **dairy heifers** and **dairy cows** on this operation were:

Head
0400
0401
0402
0403

   a. Born and alive at 48 hours? . . . .

   b. Stillborn (born dead or died within 48 hours of birth)? . . . .

   c. Total calves born? . . . .

      (i) How many required **any** assistance during birth (Dystocia)? . . . .

2. Of the calves born alive (Item 1a), how many were **dairy heifer calves**? . . . .

Head
0404

3. During 2006, how many **dairy heifers** and **dairy cows** aborted? . . . .

Heifers	Cows
0405	0406

4. During 2006, how many **dairy cows** had:

Head
0407
0408
0409
0410
0411
0412
0413
0414
0415
0416
0417

   a. Clinical mastitis (presence of abnormal milk and/or inflamed udder)? . . . .

   b. Lameness? . . . .

   c. Respiratory problems? . . . .

   d. A retained placenta (more than 24 hours after delivery)? . . . .

   e. Infertility problems (not pregnant 150 days after calving)? . . . .

   f. Other reproductive problems (e.g., dystocia, metritis)? . . . .

   g. Diarrhea for more than 48 hours? . . . .

   h. Milk fever? . . . .

   i. Displaced abomasum? . . . .

   j. Neurological problems? . . . .

   k. Other health-related problems? (Specify: _____) . . . .

D – Births, Illness, and Deaths

The following questions are about **dairy heifers** and **dairy cows** that **died or were euthanized during 2006.**

5. On this operation, how many unweaned and weaned **dairy heifers** and **dairy cows:**

	Unweaned Dairy Heifers	Weaned Dairy Heifers That Had Not Calved	Dairy Cows
a. Died (not euthanized)?	0418	0421	0424
b. Were euthanized? (+)	0419	0422	0425
c. Total deaths (5a + 5b)? (=)	0420	0423	0426

[If Item 5c = '0' for all columns, SKIP to Item 8.]

6. For each class of dairy animal that died during 2006, how many were necropsied in order to determine the cause of death? (must be less than or equal to item 5c.)

Unweaned Dairy Heifers	Weaned Dairy Heifers That Had Not Calved	Dairy Cows
0427	0428	0429

7. How many animals died or were euthanized due to the following:

	Unweaned Dairy Heifers	Weaned Dairy Heifers That Had Not Calved	Dairy Cows
a. Scours, diarrhea, or other digestive problems?	0430	0440	0449
b. Respiratory problems?	0431	0441	0450
c. Poison?	0432	0442	0451
d. Lameness or injury?	0433	0443	0452
e. Lack of coordination, severe depression or other CNS (Central nervous system) signs?	0434	0444	0453
f. Mastitis (cows only)?			0454
g. Calving problems?	0435		0455
h. Joint or navel problems (heifers only)?	0436	0445	N/A
i. Other known reasons? (Specify: _____).	0437	0446	0456
j. Unknown reason?	0438	0447	0457
k. Total (should equal Item 5c)?	0439	0448	0458

D – Births, Illness, and Deaths

8. What is the **primary** method of disposal for dead **calves or cows**?
[Enter one Code for each.]

    a. $\square_1$ Bury. . . . .

    b. $\square_2$ Burn/incinerate. . . . .

    c. $\square_3$ Render. . . . .

    d. $\square_4$ Compost. . . . .

    e. $\square_5$ Landfill. . . . .

    f. $\square_6$ Other? (Specify:_____) . . . . . .

Calves	Cows
0459	0460

E – Housing

1. During 2006, did the following animal classes spend **any time** in **any** of the following housing/outside areas?

	Unweaned Dairy Heifers		Weaned Dairy Heifers		Lactating Dairy Cows		Dry (Nonlactating) Cows	
a. Tie stall or stanchion	☐₁Yes ☐₃ No	0500	☐₁Yes ☐₃ No	0509	☐₁Yes ☐₃ No	0518	☐₁Yes ☐₃ No	0527
b. Covered freestall	☐₁Yes ☐₃ No	0501	☐₁Yes ☐₃ No	0510	☐₁Yes ☐₃ No	0519	☐₁Yes ☐₃ No	0528
c. Uncovered freestall	☐₁Yes ☐₃ No	0502	☐₁Yes ☐₃ No	0511	☐₁Yes ☐₃ No	0520	☐₁Yes ☐₃ No	0529
d. Outside individual animal pen/hutch	☐₁Yes ☐₃ No	0503	☐₁Yes ☐₃ No	0512	☐₁Yes ☐₃ No	0521	☐₁Yes ☐₃ No	0530
e. Inside individual animal pen/hutch	☐₁Yes ☐₃ No	0504	☐₁Yes ☐₃ No	0513	☐₁Yes ☐₃ No	0522	☐₁Yes ☐₃ No	0531
f. Drylot/multiple animal outside area	☐₁Yes ☐₃ No	0505	☐₁Yes ☐₃ No	0514	☐₁Yes ☐₃ No	0523	☐₁Yes ☐₃ No	0532
g. Multiple animal inside area	☐₁Yes ☐₃ No	0506	☐₁Yes ☐₃ No	0515	☐₁Yes ☐₃ No	0524	☐₁Yes ☐₃ No	0533
h. Pasture	☐₁Yes ☐₃ No	0507	☐₁Yes ☐₃ No	0516	☐₁Yes ☐₃ No	0525	☐₁Yes ☐₃ No	0534
i. Other (Specify:___)	☐₁Yes ☐₃ No	0508	☐₁Yes ☐₃ No	0517	☐₁Yes ☐₃ No	0526	☐₁Yes ☐₃ No	0535

2. What was the primary housing facility/outside area this operation used in 2006 for the following animal classes?
[Enter only one code for each animal class.]

a. ☐₁ Tie stall or stanchion

b. ☐₂ Covered freestall

c. ☐₃ Uncovered freestall

d. ☐₄ Outside individual animal pen/hutch

e. ☐₅ Inside individual animal pen/hutch

f. ☐₆ Drylot/multiple animal outside area

g. ☐₇ Multiple animal inside area

h. ☐₈ Pasture

i. ☐₉ Not housed on operation

j. ☐₁₀ Other? (Specify:_____)

Unweaned Dairy Heifers	Weaned Dairy Heifers	Lactating Dairy Cows	Dry (Nonlactating) Cows
0536	0537	0538	0539

E – Housing

	Code
	0540

3. Is maternity housing **separate** from housing used for lactating **dairy cows**?. . . . . ☐₁Yes   ☐₃ No

4. What was the primary milking facility this operation used in 2006?
[Check only one.]

     a.   ☐₁Parlor milking facilities. . . . .

     b.   ☐₂Tie stall or stanchion barn milking facilities. . . . .

     c.   ☐₃ Other type of milking facility? (Specify: _____)

	Code
	0541

[If item 4 = '2' or '3', SKIP to Section F.]

5. What best describes the parlor type?
[Check only one.]

     a.   ☐₁ Side-opening (tandem)

     b.   ☐₂ Herringbone (fishbone)

     c.   ☐₃ Parallel (side-by-side)

     d.   ☐₄ Parabone (herringbone-parallel hybrid)

     e.   ☐₅ Swing

     f.   ☐₆ Rotary (carousel)

     g.   ☐₇ Flat barn

     h.   ☐₈ Other? (Specify: _____)

	Code
	0542

F – Biosecurity

For Questions 1 and 2, physical contact is defined as nose-to-nose contact or sniffing/touching/licking each other, including through a fence.

1. After separation from the mother, but **before weaning**, do **dairy heifer calves** have physical contact with:

	Code

a. Weaned calves not yet of breeding age?.................................. ☐₁ Yes ☐₃ No

0600

b. Bred heifers that haven't calved?.. ☐₁ Yes ☐₃ No

0601

c. Adult cattle?.. ☐₁ Yes ☐₃ No

0602

What other animals are on this operation, and do they have physical contact with **any** of this operation's **dairy cows, dairy heifers, or their feed, minerals, or water supply**?

2. Do **dairy cows, dairy heifers, or their feed** have any physical contact with:

	Code

a. Chickens or other poultry?.................................... ☐₁ Yes ☐₃ No   0603

b. Horses, or other equine such as ponies, donkeys, mules, burros, etc.?........ ☐₁ Yes ☐₃ No   0604

c. Pigs?.. ☐₁ Yes ☐₃ No   0605

d. Sheep?.. ☐₁ Yes ☐₃ No   0606

e. Goats?.. ☐₁ Yes ☐₃ No   0607

f. Beef cattle?.. ☐₁ Yes ☐₃ No   0608

g. Exotic species such as llamas, alpacas, emus, etc.?...................... ☐₁ Yes ☐₃ No   0609

h. Dogs?.. ☐₁ Yes ☐₃ No   0610

i. Cats?.. ☐₁ Yes ☐₃ No   0611

j. Deer or other members of the deer family such as elk, moose, etc.?.......... ☐₁ Yes ☐₃ No   0612

[If Item 2j = 'No', SKIP to Item 4.]

	Code

3. On this operation, how often do members of the deer family (e.g., deer, elk, moose) have **face-to-face** contact with cattle?............................... ☐₁ Never   ☐₂ Possibly   ☐₃ Sometimes

0613

	Code

4. During 2006, were **any cattle** (calves, heifers, cows, or bulls) brought onto the operation?... ☐₁ Yes ☐₃ No

0614

[If Item 4 = 'No', SKIP to section G.]

F – Biosecurity

5. How many **cattle** (both dairy and beef) were brought onto this operation during 2006? ...

	Head
	0615

6. *[Record number of head by category in column 2, and ask about quarantine categories for each.]*

	1 Were any of the following Types of cattle brought onto this operation		2 *[If Column 1 is Yes, ask:]* How many were brought onto this operation?	3 *[If Column 2 is greater than 0, ask:]* How many were quarantined upon arrival at the operation?	4 *[If Column 3 is greater than 0, ask:]* How long were they quarantined/ separated?
		Code	Head	Head	Days
a. Unweaned calves (Dairy or Beef)?	☐₁ Yes ☐₃ No	0617	0626	0635	0644
b. Dairy heifers weaned, but not bred?	☐₁ Yes ☐₃ No	0618	0627	0636	0645
c. Bred dairy heifers?	☐₁ Yes ☐₃ No	0619	0628	0637	0646
d. Lactating dairy cows?	☐₁ Yes ☐₃ No	0620	0629	0638	0647
e. Dry dairy cows?	☐₁ Yes ☐₃ No	0621	0630	0639	0648
f. Beef heifers and cows?	☐₁ Yes ☐₃ No	0622	0631	0640	0649
g. Dairy bulls (weaned)?	☐₁ Yes ☐₃ No	0623	0632	0641	0650
h. Beef bulls (weaned)?	☐₁ Yes ☐₃ No	0624	0633	0642	0651
i. Steers (weaned)?	☐₁ Yes ☐₃ No	0625	0634	0643	0652
j. Add Items 6a – 6i and verify. (Total should equal Item 5)			0653		

F – Biosecurity

7. Before bringing **cattle** (either dairy or beef) onto the farm, does this operation **normally require vaccination** for:

	Code

a. Brucellosis?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0654`

b. BVD (*Bovine Viral Diarrhea*)?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0655`

c. IBR (*Infectious Bovine Rhinotracheitis*)?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0656`

d. Lepto (*Leptospirosis*)?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0657`

e. *Neospora*?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0658`

f. Anything else? (Specify:_____) . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0659`

[For Items 8 and 9, if the answer is 'No' for any practice, choose the "reason" from the following list.]

REASON LIST	
1 = Tests already performed by herd of origin	5 = Too many sources to test
2 = Too expensive to test	6 = Tests not reliable
3 = Not enough time to test	7 = Disease is not a concern to my operation
4 = Not recommended by veterinarian	8 = Other, specify

8. Before bringing **cattle** (either dairy or beef) onto the farm, does this operation **normally require individual animal testing** for:

Code	Reason for 'no'

a. Brucellosis?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0660`   `0666`

b. Johne's disease (*Mycobacterium paratuberculosis*)? . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0661`   `0667`

c. BVD (*Bovine Viral Diarrhea*)? . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0662`   `0668`

d. TB (*Bovine Tuberculosis*)?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0663`   `0669`

e. Contagious mastitis pathogens? (*Staph. aureus, Strep. ag., Mycoplasma*) . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0664`   `0670`

f. Anything else? (Specify:_____) ☐₁ Yes ☐₂ D/K ☐₃ No   `0665`   `0671`

9. Before bringing **cattle** (either dairy or beef) onto the farm, does this operation **normally require**:

Code	Reason for 'no'

a. Herd-of-origin BVD status?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0672`   `0677`

b. Herd-of-origin Johne's disease *(Mycobacterium paratuberculosis)* status?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0673`   `0678`

c. Herd-of-origin bulk milk somatic cell count?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0674`   `0679`

d. Herd-of-origin bulk tank milk culture to evaluate contagious mastitis pathogens?. . . . . ☐₁ Yes ☐₂ D/K ☐₃ No   `0675`   `0680`

e. Anything else? (Specify:_____) ☐₁ Yes ☐₂ D/K ☐₃ No   `0676`   `0681`

G – Chemical Applications/Treatments To Dairy Cattle

Now I have some questions about insecticides and chemical applications/treatments on this site/operation.

10. During 2006, on the operation, were any **insecticides** or **other chemical** products applied to, or used to treat **dairy cattle** to control insects and other external pests (include custom applications)?

☐ YES - (Continue)

☐ NO   - (Enter code 3 in box 0800 and go to Section H)

	000
1 – Incomplete 3 – Valid Zero	0800
LINES IN TABLE	0801

[ENUMERATOR NOTE: ~~Complete~~ ... for ... dairy cattle. Use supplemental tables if necessary. If operators listed ... application ... ... applied, what it was used for, whether it was ~~bought~~ ... NADA or ...]

NOTES	L I N E	1 What product(s) were applied to, or used to treat your dairy cattle? (Show product codes from Respondent Booklet)		2 Formulation Was this product bought in liquid or dry form? L = Liquid D = Dry	3 What was the method of application? 1 Spray 2 Injection 3 Feed Additive 4 Pour-on 5 Dust Bags 6 Ear Tags 7 Dip 8 Feed/mineral block 9 Rubbing devices 10 Pills/Bolus 11 Oral drench 12 Other
		Product	**Code**	**Unit Code**	**Code**
	802		0810		0811
	803		0810		0811
	804		0810		0811
	805		0810		0811
	806		0810		0811
	807		0810		0811
	808		0810		0811
	809		0810		0811

Line	(INSECTICIDE)	NADA/EPA No. or Tradename and Formulation	Form Purchased (Liquid or Dry)	Where Purchased [Ask only if NADA/EPA No. cannot be reported]

G – Chemical Applications/Treatments To Dairy Cattle (cont'd)

	4	5 or	6	7	8	9
L I N E	How many head had applications made to, or were treated with this product?	How much (quantity) was applied, or treated, per HEAD per application?	What was the TOTAL amount (quantity) applied, or treated, per application?	1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Ounces (L) 28 Ounces (D) 30 Grams 31 Cc/ml 41 Liters 50 Other	How many times was this applied or treated?	What was the primary target pest for this application? 1 Mange/mites 2 Lice 3 Flies 4 Other
	Head	Amount	Amount	Unit Code	Number	Code
802	0812	0813	0814	0815	0816	0817
803	0812	0813	0814	0815	0816	0817
804	0812	0813	0814	0815	0816	0817
805	0812	0813	0814	0815	0816	0817
806	0812	0813	0814	0815	0816	0817
807	0812	0813	0814	0815	0816	0817
808	0812	0813	0814	0815	0816	0817
809	0812	0813	0814	0815	0816	0817

H – Chemical Applications To Dairy Cattle Facilities

1. In 2006, on this site/operation, did you apply any **insecticides** or **other chemical** products to **dairy cattle facilities** to control insects? Include buildings that are used by the dairy cattle on this operation, such as barns, hutches, stalls, pens, drylots, etc.

YES ☐ - (Continue)

NO ☐ - (Enter 3 in code Box 0900 and go to Section I)

	000
1 – Incomplete 3 – Valid Zero	0900
LINES IN TABLE	0901

[ENUMERATOR NOTE: ...dairy cattle facilities include buildings, ... in the Respondent Booklet, ... whether it was liquid or dry, and its EPA registration number...]

		1		2		3
	L I N E	**Facility treated** 10. Individual or multi-pen 11. Freestall barn 12. Tie stall or stanchion barn 13. Milking parlor 14 Calf hutch 15. Drylot 16. Feed bunk/Apron 17. Loafing area/run-in shed 18. Other		What product(s)were applied to the [column 1] facility? [Show product codes from Respondent Booklet]		Was this product bought in liquid or dry form? L = Liquid D = Dry
NOTES		**Facility**	**Code**	**Product**	**Code**	**Unit Code**
	902		0910		0911	
	903		0910		0911	
	904		0910		0911	
	905		0910		0911	
	906		0910		0911	
	907		0910		0911	
	908		0910		0911	
	909		0910		0911	

LINE	**Pesticide Type** (INSECTICIDE)	**EPA No. or Tradename** **and Formulation**	**Form Purchased** (Liquid or Dry)	**Where Purchased** [Ask only if EPA No. cannot be reported.]

H – Chemical Applications To Dairy Cattle Facilities

		4	5	6
L I N E		**What was the TOTAL amount applied per application?**	1 Pounds 12 Gallons 13 Quarts 14 Pints 15 Ounces (L) 28 Ounces (D) 30 Grams 41 Liters 50 Other	**How many times was this applied?**
		Amount	**Unit Code**	**Number**
902		0912 .__ __	0913	0914
903		0912 .__ __	0913	0914
904		0912 .__ __	0913	0914
905		0912 .__ __	0913	0914
906		0912 .__ __	0913	0914
907		0912 .__ __	0913	0914
908		0912 .__ __	0913	0914
909		0912 .__ __	0913	0914

I – CONCLUSION

[IF TOTAL DAIRY COWS ON HAND (SECTION A, ITEM 1) ARE 30 HEAD OR MORE, ASK RESPONDENT TO SIGN VMO CONSENT FORM.]

RESPONDENT LOCATION (SPECIFIC DIRECTIONS) AND OTHER COMMENTS:

1. *[Interview response code – check one and enter code.]*

    ☐ 1 = Zero Dairy Cows on Hand January 1, 2007 (but in business)

    ☐ 2 = Out of Business

    ☐ 3 = Refused General Dairy Management Report

    ☐ 4 = Complete and VMO Consent Signed

    ☐ 5 = Complete and VMO Refused

    ☐ 6 = Complete, Ineligible for VMO Stage (does not meet criteria or number of head)

    ☐ 7 = Out of Scope for General Dairy Management Report

    ☐ 8 = Office Hold

    ☐ 9 = Inaccessible

Code
2000

2. *[If the response code for item 1 is '3' or '5', check the reason below that best fits and enter code.]*

    ☐ 1 = Does not want to commit time to the project

    ☐ 2 = Does not want involvement with government veterinarian, or has had previous bad experience with veterinarian.

    ☐ 3 = Does not have the necessary records available.

    ☐ 4 = Has participated in too many surveys.

    ☐ 5 = Does not want outside people on the dairy operation.

    ☐ 6 = A bad time of year (planting, harvesting, second job, etc.).

    ☐ 7 = Currently has or recently had a disease problem with the herd.

    ☐ 8 = Believes that surveys and reports hurt the farmer more than help.

    ☐ 9 = Could not get owners permission.

    ☐ 10 = No reason given, or other miscellaneous reasons

CODE
2001

3. Did the respondent use written or computerized records to assist in answering this survey?. . . . .   ☐₁ Yes   ☐₃ No

Code
1001

ENDING TIME *[MILITARY]*. . . . . *(HHMM)*

2002
_ _ _ _

Respondent's name:_____   Phone:_____   Date:_____

NOTES:

Response		Respondent		Mode		Enum.	Eval.
1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est 8-Known Zero	9901	1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth	9902	1-Mail 2-Tel **3-Face-to-Face** 6-e-mail 7-Fax 19-Other	9903	0098	0100
S/E Name							

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The time required to complete this information collection is estimated to average 60 minutes per response.