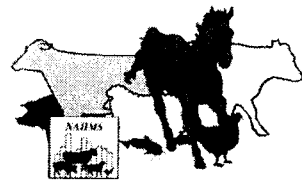


USDA

United States Department of Agriculture



National Animal Health Monitoring System



ANIMAL AND PLANT HEALTH INSPECTION SERVICE

Veterinary Services

GENERAL DAIRY MANAGEMENT REPORT
January 2007

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



NATIONAL AGRICULTURAL STATISTICS SERVICE

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

| | | | |
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| Attempted Contacts | | |
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| Date | Time | Notes |
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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?

_1 Yes _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. _1 Conventional (majority of forage consumed is not harvested by cows)
- b. _2 Grazing (majority of forage consumed is harvested by cows)
- c. _3 Combination of conventional and grazing
- d. _4 Organic (operation meets USDA organic standards)
- e. _5 Other? (Specify: _____)

| Code |
|------|
| 0102 |

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 valid OMB control number for this information collection is 0579-0205. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

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.

- 1. On **January 1**, how many **dairy cows**, whether dry or in milk, were on this operation? Include dairy heifers that had calved. +
- a. How many of these were milked on **January 1, 2007**?
- b. How much milk was produced on **January 1, 2007**?
(Record in either pounds or gallons.)

| | |
|-------------|--|
| Head | |
| 0103 | |
| 0104 | |

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

| |
|------|
| 0107 |
| 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**? +
 - b. for **beef cow replacement**? +
 - c. **Other heifers weighing 500 pounds or more**? +
- 5. On **January 1**, how many **steers weighing 500 pounds or more** were on this operation? +
- 6. How many **total calves under 500 pounds, including newborns**, were on this operation on **January 1**? (Include heifer, steer, and bull calves.) +
 - a. How many of these **calves under 500 pounds** are **dairy heifers**?

| |
|------|
| 0111 |
| 0112 |
| 0113 |
| 0114 |
| 0115 |
| 0116 |

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

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

| | |
|--------------------------------|--|
| Total Cattle and Calves | |
| 0117 | |

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

| | |
|----------------------------|--|
| Total Dairy Heifers | |
| 0118 | |

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

A – Cattle Inventory

| | | Head |
|---|---|--------------|
| 9. Of the (Item 8) dairy heifers : | | |
| 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 both categories. **[Answer all that apply.]**

- a. Ear tags (all kinds)?
- b. Collars?
- c. Photograph or sketch?
- d. Branding (all methods)?
- e. Tattoo (other than tattoo for brucellosis)?
- f. Leg bands?
- g. Electronic ID (pedometers, bar code, RFD, etc.)?
- h. Other? (Specify: _____)
- i. No identification?
- j. Total Add items 1a-1i.
(Total should be equal to or greater than 100%.)

| Individual Animal Level (each animal has its own unique ID) | Herd Level (all animals have same ID) |
|--|--|
| 0200 % | 0210 % |
| 0201 % | 0211 % |
| 0202 % | |
| 0203 % | 0212 % |
| 0204 % | 0213 % |
| 0205 % | |
| 0206 % | 0214 % |
| 0207 % | 0215 % |
| 0208 % | 0216 % |
| 0209 % | 0217 % |

[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

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
- b. Dairy Herd Improvement Association (DHIA)? ₁ Yes ₃ No
- c. Off-farm computer record system other than DHIA? ₁ Yes ₃ No
- d. On-farm computer record system? ₁ Yes ₃ No
- e. Other systems? (Specify: _____) ₁ Yes ₃ No
- f. None? ₁ Yes ₃ No

| Code |
|------|
| 0219 |
| 0220 |

| |
|------|
| 0221 |
| 0222 |
| 0223 |
| 0224 |
| 0225 |
| 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)?

- a. State sponsored ₁ Yes ₃ No
- b. Local milk cooperative/processor sponsored ₁ Yes ₃ No
- c. National industry sponsored ₁ Yes ₃ No
- d. Other? (Specify: _____) ₁ Yes ₃ No

| Code |
|------|
| 0228 |
| 0229 |
| 0230 |
| 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 |
| |

- 8. Does this operation use forage test results to balance feed rations?..... ₁ Yes ₃ No
- 9. Does this operation feed a total mixed ration (TMR)?..... ₁ Yes ₃ No
- 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

| Code |
|------|
| 0233 |
| 0234 |
| 0235 |

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

| Head |
|-------|
| 0236 |
| |

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

| |
|--------------|
| 0237 |
| Annual |

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 |

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 |
|------|
| 0247 |
| 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.

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

| Days |
|------|
| 0255 |

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?

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

| Percent |
|---------|
| 0263 |
| 0264 |
| 0265 |
| 0266 |
| 0267 |
| 0268 |
| 0269 |
| 0270 |

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

37. Was the milk-replacer medicated with:

- a. Chlortetracycline (CTC)? ₁ Yes ₃ No
- b. Oxytetracycline (OTC)? ₁ Yes ₃ No
- c. Oxytetracycline in combination with Neomycin (Oxy/NEO)? ₁ Yes ₃ No
- d. Decoquinatate? ₁ Yes ₃ No
- e. Lasalocid? ₁ Yes ₃ No
- f. Other? (Specify: _____) ₁ Yes ₃ No

| Code |
|------|
| 0271 |
| 0272 |
| 0273 |
| 0274 |
| 0275 |
| 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**:

- a. Water?.....
- b. Starter grain or other concentrates?.....
- c. Hay or other roughages?.....

| Days |
|------|
| 0278 |
| 0279 |
| 0280 |

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

| Weeks |
|-------|
| 0281 |

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:

- a. How many were born and raised on this operation?
- b. How many were born on this operation and raised off this operation?
- c. How many were born off this operation?
- d. Total?

| Head |
|------|
| 0282 |
| 0283 |
| 0284 |
| 0285 |

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

- a. Sent directly to another dairy?
- b. Sent to a market, auction, or stockyard?
- c. Sent directly to a packer or slaughter plant?
- d. Sent elsewhere? (Specify _____)
- e. Total?

| Head |
|------|
| 0286 |
| 0287 |
| 0288 |
| 0289 |
| 0290 |

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

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

| Head |
|------|
| 0291 |
| 0292 |
| 0293 |
| 0294 |
| 0295 |
| 0296 |
| 0297 |
| 0298 |
| 0299 |

C – Health Management

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

- 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: _____)

| 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 | |
| 0310 | |
| 0311 | 0322 |
| 0312 | 0323 |

[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**:

- a. Killed?
- b. Modified live?

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

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?

- a. Individual ear notch. ₁ Yes ₃ No
- b. Pooled ear notch. ₁ Yes ₃ No
- c. Individual serum samples. ₁ Yes ₃ No
- d. Pooled serum samples. ₁ Yes ₃ No
- e. Other? (Specify: _____) ₁ Yes ₃ No

| Code |
|------|
| 0331 |
| 0332 |
| 0333 |
| 0334 |
| 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:

- a. Dewormers? ₁ Yes ₂ D/K ₃ No
- b. Coccidiostats in feed? ₁ Yes ₂ D/K ₃ No
- c. Vitamins A-D-E **injection**? ₁ Yes ₂ D/K ₃ No
- d. Vitamins A-D-E **in feed**? ₁ Yes ₂ D/K ₃ No
- e. Selenium **injection**? ₁ Yes ₂ D/K ₃ No
- f. Selenium **in feed**? ₁ Yes ₂ D/K ₃ No
- g. Ionophores in Feed (e.g., Rumensin®, Bovatec®)? ₁ Yes ₂ D/K ₃ No
- h. Probiotics? ₁ Yes ₂ D/K ₃ No
- i. Anionic salts **in feeds**? ₁ Yes ₂ D/K ₃ No
- j. Other? (Specify: _____) ₁ Yes ₂ D/K ₃ No

| Code |
|------|
| 0336 |
| 0337 |
| 0338 |
| 0339 |
| 0340 |
| 0341 |
| 0342 |
| 0343 |
| 0344 |
| 0345 |

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

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

| Code |
|------|
| 0346 |
| 0347 |
| 0348 |
| 0349 |
| 0350 |
| 0351 |
| 0352 |
| 0353 |
| 0354 |
| 0355 |

C – Health Management

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.)? ₁ Yes ₃ No

| Code |
|------|
| 0356 |

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

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

- a. Collapse ₁ Yes ₃ No
- b. Hives ₁ Yes ₃ No
- c. Abortion ₁ Yes ₃ No
- d. Lump or swelling in the location of injection ₁ Yes ₃ No
- e. Loss of milk production ₁ Yes ₃ No
- f. Lack of product efficacy ₁ Yes ₃ No
- g. Fever ₁ Yes ₃ No
- h. Lethargy ₁ Yes ₃ No
- i. Respiratory disease ₁ Yes ₃ No
- j. Infertility ₁ Yes ₃ No
- k. Other? (Specify: _____) ₁ Yes ₃ No

| Code |
|------|
| 0357 |
| 0358 |
| 0359 |
| 0360 |
| 0361 |
| 0362 |
| 0363 |
| 0364 |
| 0365 |
| 0366 |
| 0367 |

11. Were any of the cows with adverse reactions examined by a veterinarian? ₁ Yes ₃ No

| Code |
|------|
| 0368 |

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

- a. Veterinarian? ₁ Yes ₃ No
- b. Manufacturer? ₁ Yes ₃ No
- c. USDA's Center for Veterinary Biologics? ₁ Yes ₃ No
- d. FDA's Center for Veterinary Medicine? ₁ Yes ₃ No
- e. Other? (Specify: _____) ₁ Yes ₃ No

| Code |
|------|
| 0369 |
| 0370 |
| 0371 |
| 0372 |
| 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:
- 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)?

| |
|-------------|
| Head |
| 0400 |
| 0401 |
| 0402 |
| 0403 |

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:
- 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: _____)

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

D – Births, Illness, and Deaths

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

| | Unweaned Dairy Heifers | Weaned Dairy Heifers That Had Not Calved | Dairy Cows |
|--|-------------------------------|---|-------------------|
| 5. On this operation, how many unweaned and weaned dairy heifers and 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.]

| | Unweaned Dairy Heifers | Weaned Dairy Heifers That Had Not Calved | Dairy Cows |
|--|-------------------------------|---|-------------------|
| 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.) | 0427 | 0428 | 0429 |

| | Unweaned Dairy Heifers | Weaned Dairy Heifers That Had Not Calved | Dairy Cows |
|---|-------------------------------|---|-------------------|
| 7. How many animals died or were euthanized due to the following: | | | |
| 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 | |
| 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. ₁ Bury.....
- b. ₂ Burn/incinerate.....
- c. ₃ Render.....
- d. ₄ Compost.....
- e. ₅ Landfill.....
- f. ₆ Other? (Specify: _____)



.....

| Calves |
|--------|
| 0459 |

| Cows |
|------|
| 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 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0500 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0509 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0518 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0527 |
| b. Covered freestall | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0501 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0510 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0519 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0528 |
| c. Uncovered freestall | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0502 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0511 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0520 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0529 |
| d. Outside individual animal pen/hutch | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0503 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0512 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0521 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0530 |
| e. Inside individual animal pen/hutch | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0504 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0513 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0522 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0531 |
| f. Drylot/multiple animal outside area | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0505 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0514 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0523 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0532 |
| g. Multiple animal inside area | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0506 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0515 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0524 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0533 |
| h. Pasture | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0507 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0516 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0525 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0534 |
| i. Other (Specify: _____) | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0508 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0517 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No 0526 | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> 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

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

| |
|-------------|
| Code |
| 0540 |

4. What was the primary milking facility this operation used in 2006?

[Check only one.]

- a. ₁ Parlor milking facilities.
- b. ₂ Tie 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:**

- a. Weaned calves not yet of breeding age?..... ₁ Yes ₃ No
- b. Bred heifers that haven't calved?..... ₁ Yes ₃ No
- c. Adult cattle?..... ₁ Yes ₃ No

| Code |
|------|
| 0600 |
| 0601 |
| 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:**

- a. Chickens or other poultry?..... ₁ Yes ₃ No
- b. Horses, or other equine such as ponies, donkeys, mules, burros, etc.?..... ₁ Yes ₃ No
- c. Pigs?..... ₁ Yes ₃ No
- d. Sheep?..... ₁ Yes ₃ No
- e. Goats?..... ₁ Yes ₃ No
- f. Beef cattle?..... ₁ Yes ₃ No
- g. Exotic species such as llamas, alpacas, emus, etc.?..... ₁ Yes ₃ No
- h. Dogs?..... ₁ Yes ₃ No
- i. Cats?..... ₁ Yes ₃ No
- j. Deer or other members of the deer family such as elk, moose, etc.?..... ₁ Yes ₃ No

| Code |
|------|
| 0603 |
| 0604 |
| 0605 |
| 0606 |
| 0607 |
| 0608 |
| 0609 |
| 0610 |
| 0611 |
| 0612 |

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

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

| Code |
|------|
| 0613 |

4. During 2006, were **any cattle** (calves, heifers, cows, or bulls) brought onto the operation?.....

- ₁ Yes ₃ No

| Code |
|------|
| 0614 |

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

F – Biosecurity

| |
|-------------|
| Head |
| 0615 |

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

| | 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)? ... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | | | | 0617 | 0626 | 0635 | 0644 |
| b. Dairy heifers weaned, but not bred? ... | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | | | | 0618 | 0627 | 0636 | 0645 |
| c. Bred dairy heifers? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | | | | 0619 | 0628 | 0637 | 0646 |
| d. Lactating dairy cows? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | | | | 0620 | 0629 | 0638 | 0647 |
| e. Dry dairy cows? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | | | | 0621 | 0630 | 0639 | 0648 |
| f. Beef heifers and cows? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | | | | 0622 | 0631 | 0640 | 0649 |
| g. Dairy bulls (weaned)? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | | | | 0623 | 0632 | 0641 | 0650 |
| h. Beef bulls (weaned)? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | | | | 0624 | 0633 | 0642 | 0651 |
| i. Steers (weaned)? | <input type="checkbox"/> ₁ Yes <input type="checkbox"/> 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:

- a. Brucellosis?..... ₁ Yes ₂ D/K ₃ No
- b. BVD (*Bovine Viral Diarrhea*)?..... ₁ Yes ₂ D/K ₃ No
- c. IBR (*Infectious Bovine Rhinotracheitis*)?..... ₁ Yes ₂ D/K ₃ No
- d. Lepto (*Leptospirosis*)?..... ₁ Yes ₂ D/K ₃ No
- e. *Neospora*?..... ₁ Yes ₂ D/K ₃ No
- f. Anything else? (Specify: _____) ₁ Yes ₂ D/K ₃ No

| Code |
|------|
| 0654 |
| 0655 |
| 0656 |
| 0657 |
| 0658 |
| 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:

- a. Brucellosis?..... ₁ Yes ₂ D/K ₃ No
- b. Johne's disease (*Mycobacterium paratuberculosis*)? ₁ Yes ₂ D/K ₃ No
- c. BVD (*Bovine Viral Diarrhea*)?..... ₁ Yes ₂ D/K ₃ No
- d. TB (*Bovine Tuberculosis*)?..... ₁ Yes ₂ D/K ₃ No
- e. Contagious mastitis pathogens? (*Staph. aureus*, *Strep. ag.*, *Mycoplasma*) ₁ Yes ₂ D/K ₃ No
- f. Anything else? (Specify: _____) ₁ Yes ₂ D/K ₃ No

| Code | Reason for 'no' |
|------|-----------------|
| 0660 | 0666 |
| 0661 | 0667 |
| 0662 | 0668 |
| 0663 | 0669 |
| 0664 | 0670 |
| 0665 | 0671 |

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

- a. Herd-of-origin BVD status?..... ₁ Yes ₂ D/K ₃ No
- b. Herd-of-origin Johne's disease (*Mycobacterium paratuberculosis*) status?..... ₁ Yes ₂ D/K ₃ No
- c. Herd-of-origin bulk milk somatic cell count?..... ₁ Yes ₂ D/K ₃ No
- d. Herd-of-origin bulk tank milk culture to evaluate contagious mastitis pathogens?..... ₁ Yes ₂ D/K ₃ No
- e. Anything else? (Specify: _____) ₁ Yes ₂ D/K ₃ No

| Code | Reason for 'no' |
|------|-----------------|
| 0672 | 0677 |
| 0673 | 0678 |
| 0674 | 0679 |
| 0675 | 0680 |
| 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 this section only if necessary. If necessary, list all insecticides and other chemical products applied, what it was used for, and when.

| | L I N E | 1 | | 2 | 3 |
|--|------------------|--|--|--|--|
| | | What product(s) were applied to, or used to treat your dairy cattle? (Show product codes from Respondent Booklet) | | Formulation Was this product bought in liquid or dry form? L = Liquid D = Dry | 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 |

| NOTES | | 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 |
|------|--|--|--|--|---|---|---|
| LINE | 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: Complete this section only if you checked "YES" in Section H. Dairy cattle facilities include buildings, structures and areas used by dairy cattle on the operation. Record the name and location of each facility. Record the name and EPA registration number of each insecticide or other chemical used for each facility. Indicate whether the product was liquid or dry and its EPA registration number.

| NOTES | LINE | 1 Facility treated | | 2 What product(s) were applied to the [column 1] facility? | | 3 Was this product bought in liquid or dry form? |
|-------|------|--------------------|------|--|------|--|
| | | 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

[Empty space for notes or additional information]

| L I N E | 4 | | 5 | | 6 | |
|------------------|--|--------|--|--|----------------------------------|--|
| | 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.