



Animal and Plant Health Inspection Service

Veterinary Services

# Dairy 2007 VS Initial Visit (February 26 – April 30, 2007)



National Animal Health Monitoring System

2150 Centre Ave Bldg B Fort Collins, CO 80526

Form Approved OMB Number 0579-0205 Approval expires: 4/30/2010

State FIPS:	Operation #:	Interviewer:	Date:
2 digits	4 digits	Initials	(mm/dd/yy)

## Section A—Inventory

1. How many dairy cattle of the following types are housed on this operation **today**?
  - a. Lactating cows .....V001 \_\_\_\_\_
  - b. Dry cows .....V002 \_\_\_\_\_**
  - c. Bred heifers .....V003 \_\_\_\_\_
  
2. How many dairy heifer calves were weaned (removed from a liquid ration) while on this operation in the last 12 months? .....V004 \_\_\_\_\_

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 1.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

**NAHMS-189  
JAN 2007**

## Section B—Biosecurity

3. Which of the following categories best describes how familiar you are with the listed diseases?

	<b>Fairly knowledge- able</b>	<b>Know some basics</b>	<b>Recognized the name, not much else</b>	<b>Haven't heard of it before</b>
a. Foot-and-mouth disease ..... V005	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Heartwater..... V006	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Bovine spongiform encephalopathy (BSE or mad cow disease) ..... V007	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Screwworm ..... V008	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Johne's disease (paratuberculosis) ..... V009	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Bluetongue ..... V010	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Vesicular stomatitis ..... V011	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Anthrax ..... V012	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i. <i>Mycoplasma</i> mastitis..... V013	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j. Hemorrhagic bowel syndrome (HBS) (Jejunal hemorrhage syndrome) ..... V014	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k. Bovine viral diarrhea (BVD) ..... V015	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l. <i>Leptospira hardjo bovis</i> ..... V016	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

4. If an outbreak of foot-and-mouth disease (or other foreign animal disease) occurred in the U.S., how likely would you be to use the following sources to get **information** about the disease?

	<b>Very likely</b>	<b>Somewhat likely</b>	<b>Not likely</b>
a. Other dairy producers .....V017	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Private veterinarian .....V018	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Extension agent .....V019	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Dairy organization or cooperative .....V020	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Magazines.....V021	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Internet .....V022	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. State Veterinarian's office .....V023	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. U.S. Department of Agriculture .....V024	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Television/newspapers.....V025	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Other (specify: _____)V026OTH.....V026	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

5. If you had an animal you suspected of having foot-and-mouth disease (or other foreign animal disease) on your operation, would you contact the following resources?

- a. Extension agent/university ..... V027 <sub>1</sub> Yes <sub>3</sub> No
- b. State Veterinarian's office ..... V028 <sub>1</sub> Yes <sub>3</sub> No**
- c. U.S. Department of Agriculture ..... V029 <sub>1</sub> Yes <sub>3</sub> No
- d. Private veterinarian ..... V030 <sub>1</sub> Yes <sub>3</sub> No**
- e. Feed company or milk cooperative representative ..... V031 <sub>1</sub> Yes <sub>3</sub> No
- f. Other (specify: \_\_\_\_\_) V032OTH..... V032 <sub>1</sub> Yes <sub>3</sub> No**

6. For each of the following signs associated with a potential herd disease problem, at what percentage would you contact a veterinarian for assistance? (Enter N/A if you would never contact a veterinarian for assistance.)

- a. Percentage decline in total daily milk production ..... V033 \_\_\_\_\_
- b. Percentage of milk cows exhibiting fever within a short time period ..... V034 \_\_\_\_\_
- c. Percentage of milk cows dying within a short time period ..... V035 \_\_\_\_\_
- d. Percentage of milk cows aborting within a short time period..... V036 \_\_\_\_\_
- e. Percentage other (specify: \_\_\_\_\_) V037OTH..... V037 \_\_\_\_\_

7. On average, how many paid and unpaid people, including owners and family members, does this operation employ that are assigned duties directly related to operation of the dairy? (Exclude people that work exclusively with crop activities.)

- |                               |               |
|-------------------------------|---------------|
|                               | <b>Number</b> |
| a. Full-time ..... V038       | _____         |
| <b>b. Part-time..... V039</b> | <b>_____</b>  |

8. Are you using any of the following biosecurity practices?

- a. Guidelines to determine which visitors are allowed in animal areas.....V040 <sub>1</sub> Yes <sub>2</sub> No visitors allowed <sub>3</sub> No
- b. Guidelines regarding foreign travel by employees..... V041 <sub>1</sub> Yes <sub>2</sub> No employees <sub>3</sub> No**
- c. Written standard operating procedures (SOPs) (other than milking procedures)? ..... V042 <sub>1</sub> Yes <sub>3</sub> No
- d. Training for employees in performing these practices? .. V043 <sub>1</sub> Yes <sub>2</sub> No employees <sub>3</sub> No**

9. During an **average week**, how many visits were made by people who have contact with livestock on your operation, including employees, veterinarians, neighbors, nutritionists, milk haulers, etc., and potentially have contact on the same day with livestock from other operations? ..... V044 \_\_\_\_\_ visits/week

**NOTE: If this operation sends heifers off site and cattle are not commingled with cattle from other operations, then consider "no incoming cattle" for this animal class. If heifers are commingled off site, consider incoming cattle and answer appropriately.**

10. In the last 12 months, were you aware of the source and geographic origin of all, some, or none of the cattle coming onto this operation?.....V045 <sub>1</sub> All <sub>2</sub> Some <sub>3</sub> No incoming cattle <sub>4</sub> None

11. Have you used any of the following practices in the last 12 months?

- a. Footbaths for visitors entering animal areas ..... V046    <sub>1</sub> Yes    <sub>2</sub> No visitors    <sub>3</sub> No
- b. Disposable or clean boots for visitors entering animal areas..... V047    <sub>1</sub> Yes    <sub>2</sub> No visitors    <sub>3</sub> No
- c. Insect control (such as sprays, foggers, treated ear tags, products administered to animals [topical/oral], etc.)..... V048    <sub>1</sub> Yes    <sub>3</sub> No
- d. Rodent control (such as cats, traps, chemical/bait, etc.) ..... V049    <sub>1</sub> Yes    <sub>3</sub> No
- e. Bird control (such as traps, noise, chemical/bait, etc.) ..... V050    <sub>1</sub> Yes    <sub>3</sub> No
- f. Limit cattle contact with other livestock, elk, and deer ..... V051    <sub>1</sub> Yes    <sub>3</sub> No
- g. Control access to cattle feed by other livestock and wildlife, such as elk, deer, and raccoons..... V052    <sub>1</sub> Yes    <sub>3</sub> No
- h. Closed herd (all replacements are from this operation, no contact with cattle from other operations)..... V053    <sub>1</sub> Yes    <sub>3</sub> No
- i. Restrictions on vehicles entering animal area ..... V054    <sub>1</sub> Yes    <sub>3</sub> No
- j. Restrictions on employee livestock ownership outside this operation..... V055    <sub>1</sub> Yes    <sub>2</sub> No employees    <sub>3</sub> No

12. In the last 12 months, how often did this operation use the same equipment to handle both manure and cattle feed? ..... V056    <sub>1</sub> Routinely    <sub>2</sub> When necessary    <sub>3</sub> Never

If Routinely or When necessary, which best describes cleaning procedures usually done with equipment after handling manure and prior to handling feed?  
(Check one only.)

- <sub>1</sub> Wash equipment with water or steam only
- <sub>2</sub> Chemically disinfect only
- <sub>3</sub> Wash equipment and chemically disinfect
- <sub>4</sub> Other (specify: \_\_\_\_\_) V057OTH
- <sub>5</sub> No procedures done V057

13. In the last 12 months, did this operation share **any** heavy equipment with other livestock operations (i.e., tractors, feeding equipment, manure spreaders, trailers)? ..... V058    <sub>1</sub> Yes    <sub>3</sub> No

**If Item 13 = NO, SKIP to Item 16.**

14. In the last 12 months, how many times did this operation share equipment with other operations? ..... V059    \_\_\_\_\_

15. Which of the following best describes this operation's cleaning procedures usually done with shared equipment prior to use on your operation?  
(Check one only.)

- <sub>1</sub> Wash equipment with water or steam only
- <sub>2</sub> Chemically disinfect only
- <sub>3</sub> Wash equipment and chemically disinfect
- <sub>4</sub> Other (specify: \_\_\_\_\_) V060OTH
- <sub>5</sub> No procedures done V060

State/Operation #: \_\_\_\_\_

16. Does this operation participate in any of the following kinds of Johne's disease control or certification programs?
- a. A unique program developed specifically for this operation ..... V061      <sub>1</sub> Yes    <sub>3</sub> No
  - b. A State-sponsored program ..... V062      <sub>1</sub> Yes    <sub>3</sub> No**
  - c. Other (specify: \_\_\_\_\_) V063OTH ..... V063      <sub>1</sub> Yes    <sub>3</sub> No
17. Do cows on this operation usually calve in:
- a. Multiple animal area/pen? ..... V064      <sub>1</sub> Yes    <sub>3</sub> No
  - b. Individual animal area/pen cleaned between each calving? ..... V065      <sub>1</sub> Yes    <sub>3</sub> No**
  - c. Individual animal area/pen cleaned after two or more calvings? ..... V066      <sub>1</sub> Yes    <sub>3</sub> No
  - d. Other (specify: \_\_\_\_\_) V067OTH ..... V067      <sub>1</sub> Yes    <sub>3</sub> No**
18. How many hours are cows in the usual calving area/pen:
- a. Prior to calving? (Enter 0 if moved immediately; answer to nearest quarter hour if less than 1 hour.) ..... V068/068H      \_\_\_\_\_ days **OR** \_\_\_\_\_ hours
  - b. After calving? (Enter 0 if removed immediately; answer to nearest quarter hour if less than 1 hour.) ..... V069      \_\_\_\_\_ hours**
19. Do any of the following cows enter the usual calving area/pen?
- a. Sick cows ..... V070      <sub>1</sub> Yes    <sub>3</sub> No
  - b. Lamé cows ..... V071      <sub>1</sub> Yes    <sub>3</sub> No**
  - c. Johne's test-positive cows ..... V072      <sub>1</sub> Yes    <sub>2</sub> Don't test    <sub>3</sub> No
  - d. Other (specify: \_\_\_\_\_) V073OTH ..... V073      <sub>1</sub> Yes    <sub>3</sub> No**
20. What percentage of calves are born in the usual calving area/pen? ..... V074      \_\_\_\_\_ %
21. Is colostrum from Johne's test-positive cows fed to calves? ..... V075      <sub>1</sub> Yes    <sub>2</sub> Don't test    <sub>3</sub> No

### Section C—Source of Replacements

22. How many dairy cow replacements entered the milking herd in the last 12 months? V076      \_\_\_\_\_
23. A shipment refers to movement of one or a group of animals at one time, regardless of how many trailers or trucks were used.
- Of the dairy cow replacements that entered the milking herd in the last 12 months from the following sources, how many were obtained and how many shipments were required to move the animals to your operation?
- |   | Head  | Shipments |
|---|-------|-----------|
| a. Born on this operation and raised on the operation? ..... V077                     | _____ | N/A       |
| <b>b. Born on this operation and raised by off-site heifer grower? ..... V078/084</b> | _____ | _____     |
| c. Purchased directly from other dairies ..... V079/085                               | _____ | _____     |
| <b>d. Purchased from a dealer ..... V080/086</b>                                      | _____ | _____     |
| e. Purchased from auction markets ..... V081/087                                      | _____ | _____     |
| <b>f. Purchased from other source (specify: _____) V082OTH ..... V082/088</b>         | _____ | _____     |
| Total (should equal Item 22) ..... V083   | _____ | _____     |

### Section D—Disease Confirmation

24. Were any of the following diseases confirmed via laboratory testing of cattle on this operation in the last 12 months, and if “Yes,” which diagnostic samples were used to confirm the disease(s)?  
If “Other” is marked, write specifics in margin.

Disease	Animals with Confirmed Disease (Y/N)	Diagnostic Samples							
		Aborted Fetus	Blood	Ear Notch	Feces	Milk	Tissues at Necropsy	Urine	Other
<b>Example Disease</b>	<b>Y</b>	<b>X</b>			<b>X</b>		<b>X</b>		
<b>Bovine Leukosis Virus (BLV)</b>	V089		V099				V112		V119
<b>Bovine Viral Diarrhea (BVD)</b>	V090	V095	V100	V105	V106	V109	V113		V120
<b>Johne’s disease (<i>Mycobacterium paratuberculosis</i>)*</b>	V091		V101		V107	V110	V114		V121
<b>Leptospirosis</b>	V092	V096	V102				V115	V118	V122
<b>Neospora</b>	V093	V097	V103				V116		V123
<b>Salmonella</b>	V094	V098	V104		V108	V111	V117		V124

*\*If Johne’s disease has been confirmed prior to the last 12 months on this operation, ask if they had cows with clinical signs of Johne’s disease (chronic diarrhea and weight loss that does not respond to treatment despite a normal appetite). If they had animals with clinical signs in the last 12 months, record “Yes” for Confirmed Disease and mark “Other” under Diagnostic Samples and note clinical signs in the margin.*

25. How many abortions occurred in the last 12 months? ..... V125 \_\_\_\_\_

26. How many of the following types of samples were submitted to determine the cause of abortion? (*Samples could be collected and submitted by a veterinarian or submitted directly to a lab by the producer.*)

- a. Placenta ..... V126 \_\_\_\_\_
- b. Entire fetus ..... V127 \_\_\_\_\_**
- c. Serum of dam ..... V128 \_\_\_\_\_
- d. Other (specify: \_\_\_\_\_) V129OTH ..... V129 \_\_\_\_\_**

27. For any aborted fetuses that were not submitted for diagnosis, which of the following **best** describes the reason for not doing so? (*Check one only.*)

- <sub>1</sub> Cost
- <sub>2</sub> Lack of information obtained from previous abortion submissions
- <sub>3</sub> Inconvenience (e.g., getting fetus to the laboratory)
- <sub>4</sub> Abortion not perceived as a problem on this operation
- <sub>5</sub> Other (specify: \_\_\_\_\_) V130OTH ..... V130 \_\_\_\_\_

28. If abortion diagnostics were performed at **no cost**, what percentage of aborted fetuses would you submit to a veterinary diagnostic lab for diagnosis? ..... V131 \_\_\_\_\_%

## Section E—General Management

**NOTE: In Items 29 and 30, “outside area” refers to areas without permanent roof structures.**

29. Which of the following best describes the primary **outside** area that **lactating** cows routinely have access to during the summer and winter seasons? (Enter one code only for each season. If no outside access, enter 4.)

- (1) Pasture
- (2) Concrete alleyway or pen
- (3) Dry lot
- (4) None
- (5) Other (specify: \_\_\_\_\_) V132OTH ..... V132/133      \_\_\_\_\_ code  
**Summer**                      **Winter**

30. Which of the following best describes the primary **outside** area that **dry** cows routinely have access to during summer and winter seasons? (Enter one code only for each season. If no outside access, enter 4.)

- (1) Pasture
- (2) Concrete alleyway or pen
- (3) Dry lot
- (4) None
- (5) Other (specify \_\_\_\_\_) V134OTH ..... V134/135      \_\_\_\_\_ code  
**Summer**                      **Winter**

31. Which of the following is the predominant flooring type **lactating** cows **stand or walk on** when not being milked, excluding concrete feed pad? (Check one only.)

- <sub>1</sub> Concrete—groove/textured
- <sub>2</sub> Concrete—slat
- <sub>3</sub> Concrete—smooth
- <sub>4</sub> Rubber mats over concrete
- <sub>5</sub> Pasture
- <sub>6</sub> Dirt
- <sub>7</sub> Other (specify: \_\_\_\_\_) V136OTH V136

**If Item 31 = 5, 6, or 7, SKIP to Item 33.**

32. Did any of the following cow areas have rubber belting or similar flooring that reduced the time cows spent standing directly on concrete?

- a. Immediately in front of feed bunk ..... V137      <sub>1</sub> Yes    <sub>3</sub> No
- b. Walkway to parlor ..... V138      <sub>1</sub> Yes    <sub>3</sub> No
- c. Holding pen..... V139      <sub>1</sub> Yes    <sub>3</sub> No
- d. Other (specify: \_\_\_\_\_) V140OTH ..... V140      <sub>1</sub> Yes    <sub>3</sub> No

33. How would you best characterize the surface moisture of the ground or flooring **lactating** cows **stand** on most of the time in summer and winter seasons?

(Enter one code only for each season.)

- (1) Usually dry
- (2) Wet about half the time
- (3) Almost always wet, but no standing water
- (4) Usually standing water or slurry .....V141/142      \_\_\_\_\_ code      \_\_\_\_\_ code  
**Summer**                      **Winter**

34. If covered freestall barns are used to house **lactating** cows, which type of barn setup houses the **majority** of those cows?

(Check one only.)

- <sub>1</sub> 2-row
- <sub>2</sub> 3-row
- <sub>3</sub> 4-row
- <sub>4</sub> 6-row
- <sub>5</sub> Other (specify: \_\_\_\_\_)V143OTH
- <sub>6</sub> Not housed in a covered freestall barn V143

35. During the summer months, were the following heat abatement methods provided to **lactating** and **dry** cows?

- |   | <u>Lactating</u>   | <u>Dry</u>   |
|---|--|--|
| a. Shade (other than inside building)..... V144/149 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| b. Sprinklers or misters ..... V145/150             | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| c. Fans ..... V146/151                              | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| d. Tunnel ventilation ..... V147/152                | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| e. Other (specify: _____)V148OTH ..... V148/153     | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |

36. During the last 90 days, did you use any of the following bedding types for **lactating** and **dry** cows?

- |   | <u>Lactating</u>   | <u>Dry</u>   |
|---|--|--|
| (1) Straw and/or hay..... V154/165                | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (2) Sand..... V155/166                            | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (3) Sawdust/wood products..... V156/167           | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (4) Composted/dried manure ..... V157/168         | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (5) Rubber mats ..... V158/169                    | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (6) Rubber tires ..... V159/170                   | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (7) Shredded newspaper..... V160/171              | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (8) Mattresses ..... V161/172                     | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (9) Corn cobs and stalks ..... V162/173           | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (10) Waterbeds..... V163/174                      | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |
| (11) Other (specify: _____)V164OTH ..... V164/175 | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No | <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No |



State/Operation #: \_\_\_\_\_

37. Enter the number of the bedding type (1-11) from Item 36 above that was used **primarily** during the last 90 days for both **lactating** and **dry** cows?

(Enter N/A if no bedding used.).....V176/177

\_\_\_\_\_ code  
**Lactating**

\_\_\_\_\_ code  
**Dry**

38. During the last 90 days, did this operation feed **lactating** and **dry** cows:

	<u>Lactating</u>	<u>Dry</u>
a. Alfalfa hay/haylage? ..... V178/196	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Corn silage?..... V179/197	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Clover as forage or pasture? ..... V180/198	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. Whole cottonseed? ..... V181/199	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
e. Cottonseed meal or hulls? ..... V182/200	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
f. Whole soybeans or soybean meal? ..... V183/201	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
g. Bakery byproducts? ..... V184/202	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
h. Brewery byproducts? ..... V185/203	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
i. Corn? ..... V186/204	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
j. Barley?..... V187/205	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
k. Wheat? (not silage) ..... V188/206	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
l. Oats? (not silage) ..... V189/207	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
m. Green chop? ..... V190/208	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
n. Feather/poultry meal?..... V191/209	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
o. Fish meal? ..... V192/210	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
p. Fat/tallow? ..... V193/211	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
q. Porcine meat and bone meal?..... V194/212	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
r. Blood meal?..... V195/213	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

39. For the majority of **lactating** cows, which best describes the feed line?  
(Check one only.)

- <sub>1</sub> Tie stall
- <sub>2</sub> Stanchion
- <sub>3</sub> Post and rail
- <sub>4</sub> Head locks
- <sub>5</sub> Elevated feed bunk in pen
- <sub>6</sub> Other (specify: \_\_\_\_\_)V214OTH

V214

**How many times per year  
are water sources drained  
and cleaned?**

40. In the last 12 months, did any cows ever drink from:

- a. A single cup/bowl waterer used by one cow only? ... V215/220 <sub>1</sub> Yes <sub>3</sub> No \_\_\_\_\_
- b. A single cup/bowl waterer used by multiple cows? .. V216/221 <sub>1</sub> Yes <sub>3</sub> No \_\_\_\_\_**
- c. A water tank or trough (covered or uncovered)? ..... V217/222 <sub>1</sub> Yes <sub>3</sub> No \_\_\_\_\_
- d. A lake, pond, stream, river, etc.? ..... V218 <sub>1</sub> Yes <sub>3</sub> No **N/A****
- e. Another source? (specify: \_\_\_\_\_) V219OTH..... V219/223 <sub>1</sub> Yes <sub>3</sub> No \_\_\_\_\_

41. Is the water that cows drink usually chlorinated? ..... V224 <sub>1</sub> Yes <sub>2</sub> Don't know <sub>3</sub> No

42. Which of the following **best** describes how **lactating** cows are fed?

(Check one only.)

- <sub>1</sub> Feed **all** lactating cows the same ration
- <sub>2</sub> Feed individuals or groups based on production/stage of lactation
- <sub>3</sub> Feed individuals or groups based on lactation number
- <sub>4</sub> Feed individuals or groups based on criteria other than production/  
stage of lactation or lactation number

V225

43. Does this operation feed anionic salts (e.g., BioChlor, SoyChlor, ammonium chloride, etc.), to prevent milk fever, to:

- a. Close-up cows (cows that are close to calving)? ..... V226 <sub>1</sub> Yes <sub>3</sub> No
- b. Springing heifers? ..... V227 <sub>1</sub> Yes <sub>3</sub> No**

44. Does this operation separate close-up cows from other dry cows? ..... V228 <sub>1</sub> Yes <sub>3</sub> No

45. Which of the following **best** describes this operation's use of milk urea nitrogen (MUN) testing to determine ration composition?

(Check one only.)

- <sub>1</sub> Use routinely
- <sub>2</sub> Use only if have a problem
- <sub>3</sub> Never use

V229

46. Permanent removals are defined as cows removed from the herd for reasons other than death. These include cows sent to other dairies, auction markets, or slaughter plants.

How many cows were permanently removed in the last 12 months? ..... V230 \_\_\_\_\_

47. During an average month, how many shipments of cows does this operation make to transport permanently removed cows to:

- a. Another dairy? ..... V231 \_\_\_\_\_
- b. Market, auction, or stockyard? ..... V232 \_\_\_\_\_
- c. Packer or slaughter plant? ..... V233 \_\_\_\_\_
- d. Other? (specify: \_\_\_\_\_) V234OTH..... V234 \_\_\_\_\_

48. During the last 12 months, what percentage or how many of these permanently removed cows were:

	<u>%</u>	OR	<u># removed</u>
a. Less than 50 days in milk? (early lactation)..... V235/239	_____		_____
b. 50 to 199 days in milk? (mid lactation)..... V236/240	_____		_____
c. 200 days or more in milk? (late lactation) ..... V237/241	_____		_____
d. Dry cows ..... V238/242	_____		_____
Total (should equal 100% or Item 46) ..... V243	100%		_____

49. During the last 12 months, what percentage or how many of these permanently removed cows were:

	<u>%</u>	OR	<u># removed</u>
a. First lactation?..... V244/247	_____		_____
b. 2 to 4 lactations? ..... V245/248	_____		_____
c. 5 lactations or more?..... V246/249	_____		_____
Total (should equal 100% or Item 46) ..... V250	100%		_____

### Section F—Milk Quality and Milking Procedures

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50. Which of the following best describes the average bulk tank somatic cell count for milk shipped during the last 12 months?  
(Check one only.)

- <sub>1</sub> Less than 100,000 cells/ml
- <sub>2</sub> 100,000 to 199,000 cells/ml
- <sub>3</sub> 200,000 to 299,000 cells/ml
- <sub>4</sub> 300,000 to 399,000 cells/ml
- <sub>5</sub> 400,000 to 499,000 cells/ml
- <sub>6</sub> 500,000 to 599,000 cells/ml
- <sub>7</sub> 600,000 cells/ml or greater

V251

51. Who milks the majority of cows on this operation?  
(Check one only.)

- <sub>1</sub> Owner/operator
- <sub>2</sub> Family member(s) of owner
- <sub>3</sub> Hired worker(s) (non-family member)

V252

52. How frequently are milkers trained?  
(Check one only.)

- <sub>1</sub> No milker training
- <sub>2</sub> Trained as new employees only
- <sub>3</sub> 1 to 2 times per year for all milkers
- <sub>4</sub> 3 to 4 times per year for all milkers
- <sub>5</sub> More than 4 times per year for all milkers
- <sub>6</sub> Other (specify: \_\_\_\_\_) V253OTH

V253

**If Item 52 = 1 (No milker training), SKIP to Item 54.**

53. Which of the following training methods are used on this operation for training milkers?

- a. Video training ..... V254      <sub>1</sub> Yes      <sub>3</sub> No
- b. Discussion/lecture ..... V255      <sub>1</sub> Yes      <sub>3</sub> No
- c. On-the-job training ..... V256      <sub>1</sub> Yes      <sub>3</sub> No
- d. Other training (specify: \_\_\_\_\_) V257OTH ..... V257      <sub>1</sub> Yes      <sub>3</sub> No

54. How many times per day are the majority of **fresh** cows milked?  
(Check one only.)

- <sub>1</sub> Once a day
- <sub>2</sub> Twice a day
- <sub>3</sub> Three times a day
- <sub>4</sub> More than three times a day .....

V258

55. How many times per day are the majority of cows, other than **fresh cows**, milked?  
(Check one only.)

- <sub>1</sub> Once a day
- <sub>2</sub> Twice a day
- <sub>3</sub> Three times a day
- <sub>4</sub> More than three times a day .....

V259

56. Which of the following best describes how frequently forestripping occurs on this operation?  
(Check one only.)

- <sub>1</sub> Forestrip all cows
- <sub>2</sub> Forestrip some cows (i.e., with mastitis or fresh cows)
- <sub>3</sub> Do not forestrip any cows

V260

**If Item 56 = 3, SKIP to Item 58.**

57. When is forestripping performed?  
(Check one only.)

- <sub>1</sub> Prior to teat disinfection
- <sub>2</sub> After teat disinfection but prior to drying teats
- <sub>3</sub> After disinfection and/or drying

V261

58. Check the specific procedure(s) that you typically use during your premilking teat preparation routine.  
*(If you do not use a procedure, leave it blank.)*  
 Only choose one specific procedure in each general method category.  
 If more than one procedure is checked, indicate the order in the overall routine.

<b>PREMILKING TEAT PREPARATION ROUTINE</b>			
<b>General Method</b>	<b>Specific Procedure</b>	<b>Check all that apply</b>	<b>Order in routine</b>
<b>Wash pen</b>	Wash animals in pen prior to entering parlor	V262	V283
<b>Water hose</b>	With disinfectant	V263	V284
	Without disinfectant	V264	V285
<b>Dry wipe</b>	Single-use cloth towel	V265	V286
	Multiple-use cloth towel	V266	V287
	Single-use paper towel	V267	V288
	Multiple use paper towel	V268	V289
<b>Wet wipe</b>	Commercial teat wipes, single use	V269	V290
	Commercial teat wipes, multiple use	V270	V291
	Towel using labeled disinfectant, single use	V271	V292
	Towel using labeled disinfectant, multiple use	V272	V293
	Towel using nonlabeled/homemade disinfectant, single use	V273	V294
	Towel using nonlabeled/homemade disinfectant, multiple use	V274	V295
	Multiple use sponge with disinfectant	V275	V296
<b>Predip</b>	Applied with sprayer using labeled disinfectant	V276	V297
	Applied with sprayer using nonlabeled/homemade disinfectant	V277	V298
	Applied with predip cup using labeled disinfectant	V278	V299
	Applied with predip cup using nonlabeled/homemade disinfectant	V279	V300
	Applied as foam using labeled disinfectant	V280	V301
	Applied as foam using nonlabeled/homemade disinfectant	V281	V302
<b>Other</b>	Other (specify: _____)		
	)V282OTH	V282	V303

59. Which of the following best describes how teats are dried prior to milking in both summer and winter seasons?  
*(Enter one code only for each season.)*

- (1) Not applicable—teats not wet prior to milking
- (2) Air dry
- (3) Single-use cloth towel
- (4) Single-use paper towel
- (5) Multiple-use cloth towel
- (6) Multiple-use paper towel
- (7) Other (specify: \_\_\_\_\_) )V304OTH.....V304/305 \_\_\_\_\_ code \_\_\_\_\_ code

**Summer**                      **Winter**



68. In the last 12 months, how many cows—all, some, or none—have been vaccinated for:

- a. Coliform mastitis?..... V319 <sub>1</sub> All <sub>2</sub> Some <sub>3</sub> None  
Vaccines include Master Guard® J5; J5 Shield™; J-5 bacterin™; J-5 E. coli bacterin; J-vac®
- b. **Salmonella?** ..... V320 <sub>1</sub> All <sub>2</sub> Some <sub>3</sub> None  
Vaccines include LeukoTox® MTD; SDT-Guard; Pro-Bac®; Bo-Bac 2x; Pulmo-guard™ PH-M/SDT; Cattle-val salmo; Salmonella Dublin-Typhimurium Bacterin Endovac-Bovi®; Poly-sal™ B; Salmo shield® T; Salmo shield® TD
- c. Siderophore receptors and porins (SRPs) vaccines? ..... V321 <sub>1</sub> All <sub>2</sub> Some <sub>3</sub> None  
Vaccines include Salmonella Newport Bacterial Extract SRP
- d. **Mycoplasma?** ..... V322 <sub>1</sub> All <sub>2</sub> Some <sub>3</sub> None  
Vaccines include Pulmo-guard PH-M/SDT; Myco-Bac B; Mycomune
- e. *Staphylococcus aureus*? ..... V323 <sub>1</sub> All <sub>2</sub> Some <sub>3</sub> None  
Vaccines include Lysigin®; Samato-Staph®;
- f. **Any disease using autogenous vaccines?** ..... V324 <sub>1</sub> All <sub>2</sub> Some <sub>3</sub> None

**If Item 68f = NONE, SKIP to Item 70.**

69. Were autogenous vaccines administered for the following mastitis pathogens?

- a. *Mycoplasma* ..... V325 <sub>1</sub> Yes <sub>3</sub> No
- b. ***Staph. aureus*** ..... V326 <sub>1</sub> Yes <sub>3</sub> No
- c. *E. coli* ..... V327 <sub>1</sub> Yes <sub>3</sub> No
- d. ***Strep. spp.*** ..... V328 <sub>1</sub> Yes <sub>3</sub> No
- e. Other (specify: \_\_\_\_\_) V329OTH..... V329 <sub>1</sub> Yes <sub>3</sub> No

70. Were any of the following milk cultures performed during the last 12 months?

- a. Individual cows ..... V330 <sub>1</sub> Yes <sub>3</sub> No
- b. **Bulk-tank milk** ..... V331 <sub>1</sub> Yes <sub>3</sub> No
- c. String samples ..... V332 <sub>1</sub> Yes <sub>3</sub> No

**If Items 70a-c are all NO, SKIP to Item 74.**

71. In the last 12 months, were any of the milk cultures performed by:

- a. Farm personnel, done on farm?..... V333 <sub>1</sub> Yes <sub>3</sub> No
- b. **A State or university diagnostic laboratory?** ..... V334 <sub>1</sub> Yes <sub>3</sub> No
- c. A commercial lab..... V335 <sub>1</sub> Yes <sub>3</sub> No
- d. **A private veterinary lab (veterinary clinic)** ..... V336 <sub>1</sub> Yes <sub>3</sub> No

**If Item 70a = NO (no individual cow milk cultures performed), SKIP to Item 73.**

72. In the last 12 months, which cows were typically selected for milk culturing?

- a. Fresh cows..... V337 <sub>1</sub> Yes <sub>3</sub> No
- b. All clinical cases..... V338 <sub>1</sub> Yes <sub>3</sub> No**
- c. Chronic clinical cases..... V339 <sub>1</sub> Yes <sub>3</sub> No
- d. Clinical cases that did not respond to treatment..... V340 <sub>1</sub> Yes <sub>3</sub> No**
- e. High somatic cell count cows ..... V341 <sub>1</sub> Yes <sub>3</sub> No
- f. Other (specify: \_\_\_\_\_) V342OTH..... V342 <sub>1</sub> Yes <sub>3</sub> No**

73. Which of the following organisms were identified from milk cultured in the last 12 months?

- a. *Strep. agalactiae* ..... V343 <sub>1</sub> Yes <sub>3</sub> No
- b. *Staph. aureus*..... V344 <sub>1</sub> Yes <sub>3</sub> No**
- c. *Mycoplasma* ..... V345 <sub>1</sub> Yes <sub>3</sub> No
- d. *E. coli* / *Klebsiella* / other gram negative..... V346 <sub>1</sub> Yes <sub>3</sub> No**
- e. Coagulase neg staph (*Staph. spp.*) non-*aureus* ..... V347 <sub>1</sub> Yes <sub>3</sub> No
- f. Environmental strep (*Strep. spp.*) non-*agalactiae* ..... V348 <sub>1</sub> Yes <sub>3</sub> No**

74. Does this operation perform on-farm antibiotic residue testing of milk? ..... V349 <sub>1</sub> Yes <sub>3</sub> No

**If Item 74 = NO, skip to Item 77.**

75. Which test is most commonly used on this operation to screen for antibiotic residues in milk?  
(Check one only.)

- <sub>1</sub> Snap® kit (beta lactam or tetracycline)
- <sub>2</sub> Delvotest®
- <sub>3</sub> CITE Probe®
- <sub>4</sub> Charm Farm
- <sub>5</sub> Penzyme® Milk Test
- <sub>6</sub> Other (specify: \_\_\_\_\_) V350OTH V350

76. Are milk samples evaluated for antibiotic residues from:

- a. Fresh cows?..... V351 <sub>1</sub> Yes <sub>3</sub> No
- b. Individual cows recently treated for mastitis? ..... V352 <sub>1</sub> Yes <sub>3</sub> No**
- c. Bulk tank prior to processor pickup?..... V353 <sub>1</sub> Yes <sub>3</sub> No
- d. Other? (specify: \_\_\_\_\_) V354OTH..... V354 <sub>1</sub> Yes <sub>3</sub> No**

77. Does this operation use an external teat sealant (e.g., Stronghold™) at the time of dry off?  
[Check one only.]

- <sub>1</sub> On all cows at drying off
- <sub>2</sub> Cows with chronic mastitis
- <sub>3</sub> Use on all cows at drying off but only during winter or adverse weather
- <sub>4</sub> No external teat sealant used on this operation
- <sub>5</sub> Other (specify: \_\_\_\_\_) V355OTH V355



78. Does this operation use an internal teat sealant (Orbeseal™) at the time of drying off?  
 [Check one only.]

- <sub>1</sub> On all cows at drying off
- <sub>2</sub> Cows with chronic mastitis
- <sub>3</sub> Use on all cows at drying off but only during winter or adverse weather
- <sub>4</sub> No internal teat sealant used on this operation
- <sub>5</sub> Other (specify: \_\_\_\_\_) V356OTH

V356

79. During the last 12 months, approximately what percentage of cows were treated with **dry cow** intramammary antibiotics at drying off? ..... V357 \_\_\_\_\_ %

**If Item 79 = 0, SKIP to Item 81.**

80. Of those cows treated during the last 12 months with **dry cow** intramammary antibiotics, what percentage were given the following antibiotics?  
 (See attached VS Initial Visit Reference Card.)

- a. Ceftiofur hydrochloride (*Spectramast DC*) ..... V358 \_\_\_\_\_ %
- b. Cephapirin (benzathine) (*Cefa-Dri®/Tomorrow*) ..... V359 \_\_\_\_\_ %**
- c. Cloxacillin (benzathine)  
 (*Boviclox; Dry-Clox®; Dry-Clox® Intramammary Infusion; Orbenin-DC®*) ..... V360 \_\_\_\_\_ %
- d. Erythromycin (*Gallimycin®-Dry*) ..... V361 \_\_\_\_\_ %**
- e. Novobiocin (*Biodry®*) ..... V362 \_\_\_\_\_ %
- f. Penicillin G (procaine) (*Hanford's/US Vet Go Dry*) ..... V363 \_\_\_\_\_ %**
- g. Penicillin G (procaine)/Dihydrostreptomycin  
 (*Quartermaster® Dry Cow Treatment*) ..... V364 \_\_\_\_\_ %
- h. Penicillin G (procaine)/ Novobiocin (*Albadry® Plus Suspension*) ..... V365 \_\_\_\_\_ %**
- i. Other (specify: \_\_\_\_\_) V366OTH ..... V366 \_\_\_\_\_ %
- Total (should equal 100%) ..... 100%**

**Section G—Antibiotic Use**

81. In the last 12 months, did this operation use antibiotics for **disease prevention or growth promotion** in **rations** for weaned dairy heifers that have not yet calved?  
(Check one only.)

- <sub>1</sub> Weaned dairy heifers not housed on this operation
- <sub>2</sub> Yes; antibiotics in heifer ration
- <sub>3</sub> Don't know if antibiotics were in heifer rations
- <sub>4</sub> No; antibiotics were not in heifer rations

V367

If YES, which of the following antibiotics were used?  
(See attached VS Initial Visit Reference Card.)

- a. Bacitracin methylene disalicylate ..... V368 <sub>1</sub> Yes <sub>3</sub> No
- b. Bambermycins ..... V369 <sub>1</sub> Yes <sub>3</sub> No
- c. Chlortetracycline compounds ..... V370 <sub>1</sub> Yes <sub>3</sub> No
- d. Neomycin sulfate ..... V371 <sub>1</sub> Yes <sub>3</sub> No
- e. Ionophores (e.g., Rumensin®, Bovatec®, Deccox®)..... V372 <sub>1</sub> Yes <sub>3</sub> No
- f. Neomycin-oxytetracycline..... V373 <sub>1</sub> Yes <sub>3</sub> No
- g. Oxytetracycline compounds ..... V374 <sub>1</sub> Yes <sub>3</sub> No
- h. Sulfamethazine ..... V375 <sub>1</sub> Yes <sub>3</sub> No
- i. Tylosin phosphate ..... V376 <sub>1</sub> Yes <sub>3</sub> No
- j. Virginiamycin ..... V377 <sub>1</sub> Yes <sub>3</sub> No
- k. Other antibiotics (specify: \_\_\_\_\_)V378OTH ..... V378 <sub>1</sub> Yes <sub>3</sub> No

82. Complete the table below on antibiotics used in the last 12 months to treat **diseases** or **disorders** in unweaned heifers, heifers weaned but not yet calved, and all cows. (This does NOT apply to dry cow treatments and to preventive treatments.) (See attached VS Initial Visit Reference Card.)

If antibiotic is not listed, please write in name and active ingredient.

	Disease or disorder	Number of affected animals in the last 12 months	Number of affected animals treated with ANTIBIOTICS	Primary ANTIBIOTIC used (Enter 1 code from attached list.)
<b>Unweaned Heifers</b>	Respiratory	V379	V392	V405
	Diarrhea or other digestive	V380	V393	V406
	Navel infection	V381	V394	V407
	Other (specify) V382OTH	V382	V395	V408
<b>Heifers weaned but not yet calved</b>	Respiratory	V383	V396	V409
	Diarrhea or other digestive	V384	V397	V410
	Other (specify) V385OTH	V385	V398	V411
<b>All cows</b>	Respiratory	V386	V399	V412
	Diarrhea or other digestive	V387	V400	V413
	Reproductive	V388	V401	V414
	Mastitis	V389	V402	V415
	Lameness	V390	V403	V416
	Other (specify) V391OTH	V391	V404	V417

83. Of lactating cows treated for mastitis in the last 12 months with intramammary antibiotics, were treatments based on:

- a. Veterinary recommendation? ..... V418 <sub>1</sub> Yes <sub>3</sub> No
- b. Historical effectiveness? ..... V419 <sub>1</sub> Yes <sub>3</sub> No
- c. Historical culture and antimicrobial sensitivity results? ..... V420 <sub>1</sub> Yes <sub>3</sub> No
- d. Individual cow culture results prior to therapy? ..... V421 <sub>1</sub> Yes <sub>3</sub> No
- e. Other? (specify: \_\_\_\_\_) V422OTH ..... V422 <sub>1</sub> Yes <sub>3</sub> No

**NOTE: If the Producer is currently enrolled in DHIA, please ask for a copy of the DHIA summary sheet. Either mark out or cut off the Producer's identification and replace it with the NAHMS ID number. Submit the sheet with the questionnaire. Data from the DHIA summary sheet will be used to collect additional information that isn't gathered during the interview. Providing the DHIA summary reduces the amount of interview time required to obtain the additional information.**

**Office Use Only**

State FIPS: _____ <b>2-digits</b>	Operation #: _____ <b>4-digits</b>	Interviewer: _____ <b>Initials</b>	Date: ____/____/____ <b>(mm/dd/yy)</b>
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1. Total time for interview (include time to discuss the program and complete the questionnaire). If more than one data collector present, enter the combined time..... \_\_\_\_\_ min VITIME
  
2. Total travel time (round trip). If more than one data collector present, enter the combined time..... \_\_\_\_\_ min VTTIME
  
3. Data collector(s): *(Enter the number for each category.)*  
 \_\_\_\_ Federal VMO    \_\_\_\_ Federal AHT    \_\_\_\_ State personnel    \_\_\_\_ Other (specify) VVMO/VAHT/VST/VOTH
  
4. Enter response code 99 if questionnaire is completed or enter one code of 0-7 that best describes the reason why the owner is not participating..... \_\_\_\_\_ code VRCO  
  
 99 = Survey completed  
 00 = Producer not contacted by VMO  
 01 = Poor time of year or no time  
 02 = Does not want anyone on operation  
 03 = Bad experience with government veterinarians  
 04 = Does not want to do another survey or divulge information  
 05 = Told NASS they did not want to be contacted  
 06 = Ineligible (no dairy cows)  
 07 = Other reason (explain below)
  
5. Producer data quality..... <sub>1</sub> Good to Excellent    <sub>2</sub> OK    <sub>3</sub> Poor VPDQ
  
6. Did the Producer use written or computerized records to assist in answering this survey? ..... <sub>1</sub> Yes    <sub>3</sub> No VREC
  
7. Did the Producer provide a copy of the DHIA summary sheet?.... <sub>1</sub> Yes    <sub>2</sub> Not on DHIA    <sub>3</sub> No VDHIA
  
8. Which of the following best describes the respondent's position with this operation? ..... \_\_\_\_\_ code VPOS  
 1 = Owner  
 2 = Manager  
 3 = Family member (other than owner or manager)  
 4 = Other hired employee  
 5 = Other (specify: \_\_\_\_\_) VPOSOTH

Comments regarding this questionnaire or operation:

VMO or AHT Signature: \_\_\_\_\_

**TO BE COMPLETED BY THE COORDINATOR:**

- Field data quality ..... <sub>1</sub> Good to Excellent    <sub>2</sub> OK    <sub>3</sub> Poor VPDQ