



Animal and
Plant Health
Inspection
Service

Veterinary
Services

National Animal Health
Monitoring System

2150 Centre Ave, Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-NEW

Beef 2007-08 Parasite Sample Collection Record

Level 1 Instructions

Parasite Samples from Replacement Heifer Group:

Samples must be collected Sunday through Wednesday, kept cold, and shipped within 24 hours of collection.

1. Before collection day:
 - Freeze the ice packs at least 24 hours before.
 - Using the supplied permanent pen, write on each of the attached labels your State and your self-selected Producer ID (written on the Producer Agreement). The Kit Number on the labels should match the form.
 - Contact FedEx for the nearest location that accepts EXPRESS packages and note the last drop-off time. Plan your collection day based on this information. (1-800-gofedex, 1-800-463-3333, or www.fedex.com)
2. Take **FRESH** samples from throughout your Replacement Heifer group. If cows are kept with your replacement heifers, you **MUST** watch and collect only fecal samples from heifers.
3. Use a new tongue depressor for each sample. From a fresh manure pat, collect approximately a golf-ball size sample, keeping extraneous debris to a minimum (e.g., dirt from ground).
4. Place in the supplied whirlpak bag, express air, twist down twice and clean off if necessary. See picture on the detailed instruction sheet.
5. Complete the label and place firmly on the bag. Do not use the label to secure the bag closure. See picture on the detailed instruction sheet.
6. Keep samples cool and, if necessary, replace ice packs so samples are shipped with frozen ice packs. **DO NOT** freeze samples.
7. Place the samples inside the larger bag and close with a rubber band, twist tie, or knot to help control possible leakage. Place 2 frozen ice packs in the bottom of the shipping box, the bag of samples, and then 2 more ice packs.
8. Place the yellow copy of the 3 questionnaire pages between the inner and outer box flaps. Secure box and drop off at the nearest Federal Express location.

Complete the questionnaire and shipping information starting on the next page.

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-NEW. The time required to complete this information collection is estimated to average 1.5 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-207
JAN 2008**

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Level 1

Complete the table and answer all questions below and on the following pages.

| State: | Producer self-selected ID: (from Producer Agreement) | Collection date: (mm/dd/yy) | Number of samples in this box: (should be 20, explain if not) | Kit Number: |
|--------|---|------------------------------------|---|-------------|
|--------|---|------------------------------------|---|-------------|

Write in responses or check the appropriate box. Do not leave a response blank if the answer is 0 (write it in). If not applicable, write N/A. If you can not answer a question, please note that in the margin.

- How many replacement heifers are currently in the group you sampled? _____ head
- For the replacements heifers sampled, what date were they last treated with an anthelmintic (dewormer). (Write N/A if not dewormed, explain in margin if you don't know.)... _____ mm/dd/yy
- Using the attached reference list, write in the type of product(s) used to deworm these replacement heifers:

- Did you deworm your cow herd since January 1, 2007? ₁ Yes ₃ No
If Yes, how many times did you deworm for each of the following quarters?
Jan 1 – Mar 31, 2007 _____ Oct 1 – Dec 31, 2007 _____
Apr 1 – Jun 30, 2007 _____ Jan 1 – Mar 31, 2008 _____
Jul 1 – Sept 30, 2007 _____ Apr 1 – Jun 30, 2008 _____
- Did you deworm your suckling calves since January 1, 2007? ₁ Yes ₃ No
If Yes, how many times did you deworm for each of the following quarters?
Jan 1 – Mar 31, 2007 _____ Oct 1 – Dec 31, 2007 _____
Apr 1 – Jun 30, 2007 _____ Jan 1 – Mar 31, 2008 _____
Jul 1 – Sept 30, 2007 _____ Apr 1 – Jun 30, 2008 _____
- Did you deworm your replacement heifers/stockers since January 1, 2007?..... ₁ Yes ₃ No
If Yes, how many times did you deworm for each of the following quarters?
Jan 1 – Mar 31, 2007 _____ Oct 1 – Dec 31, 2007 _____
Apr 1 – Jun 30, 2007 _____ Jan 1 – Mar 31, 2008 _____
Jul 1 – Sept 30, 2007 _____ Apr 1 – Jun 30, 2008 _____
- Did you use any of the following product types for deworming done since January 1, 2007?
a. Oral/Drench..... ₁ Yes ₃ No
b. Pour on..... ₁ Yes ₃ No
c. Injectable..... ₁ Yes ₃ No

Producer ID: _____

8. On a scale of 1 to 4, how would you rate the following reasons for choosing the deworming products used?

| | Very Important | Somewhat Important | Slightly Important | Not Important At All |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Price | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. Efficacy | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. Mode of Action | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. Tradition | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e. Recommended by others | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f. Ease of application or administration | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

9. On a scale of 1 to 4, how important is each of the following sources of information for deworming cattle?

| | Very Important | Somewhat Important | Slightly Important | Not Important At All |
|-----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Personal experience | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. Internet | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. Veterinarian | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. Drug company rep | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e. Farm/ranch store | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f. Extension/University personnel | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

10. Which of the following is the most important deciding factor to deworm your herd? (*Select one only.*)

- ₁ When the cattle look rough
- ₂ On a regular schedule
- ₃ Based on fecal tests
- ₄ Other factor (specify: _____)

11. On a scale of 1 to 4, how would you rate the involvement of your veterinarian regarding the following categories?

| | Highly Involved | Somewhat Involved | Slightly Involved | Vet is Not Involved |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Diagnosis of parasite infections | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. Decisions about parasite treatments | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

12. What is the primary benefit or reason that you deworm your cattle? (*Check one only.*)

- ₁ Improved production
- ₂ Improved general health

13. On a scale of 1 to 4, how satisfied are you with your present deworming program?

- ₁ Very satisfied
- ₂ Program is okay
- ₃ Could be better
- ₄ Not at all satisfied

14. Which of the following is the primary way you tell if your dewormer program is working? (*Check one only.*)

- ₁ Achieve expected performance
- ₂ Appearance of cattle
- ₃ Fecal consistency (no diarrhea)
- ₄ Laboratory testing
- ₅ Other (specify: _____)

Producer ID: _____

15. Do you feel that your dewormer is working as well as it has in the past? ₁ Yes ₃ No
If NO, tell us why you feel this way. _____

16. On a scale of 1 to 4, how concerned are you about the potential impact of **resistance** to internal parasite dewormer to your herd and across the U.S. cattle industry?

| | Not At All Concerned | Slightly Concerned | Moderately Concerned | Very Concerned |
|--------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. To your herd | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. Across U.S. cattle industry | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

17. Do you believe that anthelmintic resistance is a problem? ₁ Yes ₃ No
If YES, are you doing the following to minimize the negative impact on your herd's health and performance?

| | | |
|--|---|--|
| a. Rotating dewormer type | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| b. Monitoring by laboratory evaluation | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| c. Deworming more often..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| d. Deworming less often..... | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |
| e. Other (specify: _____) | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₃ No |

18. Do you use pour-on dewormer for fly and/or lice control? ₁ Yes ₃ No
If NO, go to Question 20.

If YES, use the attached reference list and indicate the products you usually use and how often.

| | |
|-------------------------|------------------------|
| a. _____ (product name) | _____ (times per year) |
| b. _____ (product name) | _____ (times per year) |
| c. _____ (product name) | _____ (times per year) |
| d. _____ (product name) | _____ (times per year) |

(Write in margin if additional space in needed.)

19. When you use a pour-on for fly/lice control, do you consider the compound's deworming activity? ₁ Yes ₃ No

20. Do you sell your calves:

| | |
|--|--------------------------------------|
| a. When they are a certain age? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | If YES, how many weeks of age? _____ |
| b. At a specific time of year? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No | If YES, what time of year? _____ |

Thank you for completing this questionnaire. Expect results in 4-6 weeks.

Using the attached business-reply envelope, please mail the original copies of pages 2-4 to NAHMS.

Send a copy with the samples and keep a copy for your records.

Producer ID: _____

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Level 2

Second Set of Parasite Samples from Replacement Heifer Group:

You agreed to deworm a pen of replacement heifers and collect a second set of fecal samples to evaluate parasite resistance to dewormers.

You should have dewormed your replacement heifers after the Level 1 samples were collected – ideally the same day or within 24 hours. This second set of samples is to be collected within 10-14 days of deworming.

Complete the information in the table below:

| State: | Producer self-selected ID: | Collection date: | Number of samples in this box: | Date these replacement heifers were dewormed: | Kit number: |
|--------|----------------------------|------------------|--------------------------------|---|-------------|
| | (on Producer Agreement) | (mm/dd/yy) | (explain if not 20) | (mm/dd/yy) | |

Mail this original page to the NAHMS group using the attached business-reply envelope. Send the YELLOW copy with the samples, and keep the PINK copy for your records.

Collection Instructions

Samples must be collected Sunday through Wednesday, kept cold, and shipped within 24 hours of collection.

1. Freeze the ice packs at least 24 hours before collection. Write on each of the supplied labels your State and Producer ID. The Kit Number on this form should match the label.
2. Take **FRESH** samples from throughout the area occupied by your Replacement Heifer group. If cows are kept with your replacement heifers, you **MUST** watch and collect samples only from heifers.
3. Use a new tongue depressor for each sample. From a fresh manure pat, collect approximately a golf-ball size sample, keeping extraneous debris to a minimum. Place in the supplied whirlpak bag, express air, twist down twice and clean off if necessary.
4. Complete the label and place firmly on the bag. Do not use the label to secure the bag closure. See picture on the detailed instruction sheet.
5. Keep samples cool and, if necessary, replace ice packs so samples are shipped with frozen ice packs. **DO NOT** freeze samples. Place the samples inside the larger bag and secure closed. Place 2 frozen ice packs in the bottom of the shipping box, the bag of samples, and then 2 more ice packs
6. Place the yellow copy of this form between the inner and outer box flaps. Secure box and drop off at the nearest Federal Express location.