



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# Feedlot 2011 VS Initial Visit

**(October 3–December 9, 2011)**



National Animal Health  
Monitoring System

2150 Centre Ave Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number 0579-0079  
Expires 06/30/2013

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

Arrival time at operation: \_\_\_\_\_

*Be sure the VMO or AHT has the information to complete Question 1 below before the Initial VS visit.*

*Unless specified, the time period for this questionnaire refers to the 1-year period of July 1, 2010, through June 30, 2011.*

In general my questions deal with cattle and calves **on feed for the slaughter market**. Their ration would include grain, silage, hay, or protein supplements.

1. They would **include** cattle you are feeding for others.
2. They would **exclude**
  - a. Any of your cattle being custom fed in feedlots being operated by others.
  - b. Cattle being "backgrounded only" for sale as feeders, for later placement on feed in another feedlot, or to be returned to pasture.
  - c. Any cattle and calves placed in your feedlot(s) for purposes other than the U.S. slaughter market (e.g., animals to be used for breeding stock).

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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-xxxx. 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-267  
MAR 2011**

### Section 1—Cattle Placed on Feed

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In August or September, a representative of the National Agricultural Statistics Service visited you and explained the Feedlot 2011 survey. During that interview, the number of cattle placed on feed was determined.

1. How many cattle were placed on feed from July 1, 2010, through June 30, 2011, for slaughter in the United States? \_\_\_\_\_ head

If this figure is CORRECT, use this number to complete the rest of the questionnaire.

If NOT, write in the correct number, indicate in the margin why it is different, and use the new number to complete the rest of the questionnaire.

### Section 2—Injections

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*[Remind the producer that the time frame for the following questions is July 1, 2010, through June 30, 2011. The questions refer to injections given by **this** feedlot. Pay close attention to the cattle to which each question refers. Some questions refer to the total cattle placed on feed, whereas other questions refer only to those cattle given specific injections.]*

1. Of the [Section 1, Question 1] cattle placed on feed, what percentage were given the following vaccines:
- a. BVD (bovine viral diarrhea)..... \_\_\_\_\_ %
  - b. Injectable IBR (infectious bovine rhinotracheitis, red nose)..... \_\_\_\_\_ %
  - c. Intranasal IBR..... \_\_\_\_\_ %
  - d. PI3 (parainfluenza 3)..... \_\_\_\_\_ %
  - e. BRSV (bovine respiratory syncytial virus)..... \_\_\_\_\_ %
  - f. *Hemophilus somnus* (HS)..... \_\_\_\_\_ %
  - g. Pasteurella..... \_\_\_\_\_ %
  - h. *Leptospira* spp. (lepto)..... \_\_\_\_\_ %
  - i. Clostridial (e.g., blackleg, malignant edema, enterotoxemia)..... \_\_\_\_\_ %
  - j. *E. coli* (e.g., Epitopix SRP® or Econiche®)..... \_\_\_\_\_ %
  - k. *Salmonella* (e.g., *Salmonella* Newport SRP®)..... \_\_\_\_\_ %
  - l. *Mycoplasma bovis*..... \_\_\_\_\_ %

**[If Question 1j = 0%, SKIP to Question 3.]**

2. How many Epitopix SRP® or Econiche® vaccinations were given to each animal while in the feedlot?
- <sub>1</sub> One
  - <sub>2</sub> Two
  - <sub>3</sub> Three or more
3. Of the [Question 1i] cattle given a clostridial vaccine, what percentage were given more than one injection of a clostridial vaccine by this feedlot?  
*[This could be either multiple clostridial vaccine injections given at the same time or followup or booster injections given at a later time.]*..... \_\_\_\_\_ %

4. Of the cattle given any clostridial vaccines, what percentage were given clostridial vaccine injections in the following routes and locations?

IM in neck region	SQ in neck region	IM in other location	Any other route or location	Total
%	%	%	%	≥100%

5. Of the [Section 1, Question 1] cattle placed on feed, what percentage were given the following injections as either a preventive or treatment by this feedlot?

- a. Anthelmintic injection (e.g., Ivomec®)..... \_\_\_\_\_ %
- b. Prostaglandin injection (e.g., Lutalyse®)..... \_\_\_\_\_ %
- c. Corticosteroid injection (e.g., dexamethasone, Azium®)..... \_\_\_\_\_ %
- d. Nonsteroidal anti-inflammatory injection (e.g., Banamine®)..... \_\_\_\_\_ %
- e. Other injectables [Do not include vitamins, vaccines, antimicrobials.] (specify: \_\_\_\_\_)..... \_\_\_\_\_ %

**[If ALL Question 5a–5e = 0, SKIP to Question 7.]**

6. Of the cattle given each of the injectable compounds described in Question 5, what percentage were given these injections in the following routes and locations?

	IM in neck region	SQ in neck region	IM in other location	Any other location	Total
Anthelmintic injection (e.g., Ivomec®)	%	%	%	%	≥100%
Prostaglandin injection (e.g., Lutalyse®)	%	%	%	%	≥100%
Corticosteroids (e.g., dexamethasone, Azium®)	%	%	%	%	≥100%
Nonsteroidal anti-inflammatory (e.g., Banamine®)	%	%	%	%	≥100%
Other injectables (not including vitamins, vaccines, antimicrobials)	%	%	%	%	≥100%

7. Of the [Section 1, Question 1] cattle placed on feed, what percentage were given an IM or SQ injection of more than 10 cc in one site? [Do not include injections where the label specifies that entire dose be given in one site, e.g., Micotil®.]..... \_\_\_\_\_ %

8. During the period July 1, 2010, through June 30, 2011, how frequently were each of the following types of information recorded when healthy cattle were given **any** injectable compound such as vaccines or vitamins?  
*[Exclude injections given for the treatment of sick cattle.]*

	<b>Always or most of the time</b>	<b>Some of the time</b>	<b>Never</b>
a. Date the injection was given.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Type of injectable compound given.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Amount given.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Route of injection (e.g., IM or SQ).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Location of injection (e.g., neck region or shoulder).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Product lot number/serial number.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Other (specify: _____).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Section 3—Shipping Fever Prevention**

For the next several questions, the term “mass treated” means to treat a group of cattle, such as all or most of the cattle in a pen, to prevent disease. Another term for mass treatment is metaphylaxis.

1. Of the [Section 1, Question 1] cattle placed on feed, what percentage were mass treated with any injectable antimicrobial to **prevent** shipping fever?
  - a. Cattle less than 700 lb when placed..... \_\_\_\_\_ %
  - b. Cattle 700 lb or more when placed..... \_\_\_\_\_ %

**[If Question 1a and 2b both = 0, SKIP to Question 3.]**

2. Of the **cattle mass treated** with an injectable antimicrobial to **prevent** shipping fever, what percentage were mass treated with the following injectable antimicrobials?

	<b>Percent cattle less than 700 lb when placed</b>	<b>Percent cattle 700 lb or more when placed</b>
a. Tilmicosin (Micotil®).....	_____ %	_____ %
b. Florfenicol (Nuflor®).....	_____ %	_____ %
c. Ceftiofur (Naxcel®, Excenel®, Excede®).....	_____ %	_____ %
d. Oxytetracycline (e.g., Oxy-Tet100™, LA200®, Biomycin®).....	_____ %	_____ %
e. Penicillin (e.g., Aquacillin).....	_____ %	_____ %
f. Amoxicillin (e.g., Amoxi-Inject®).....	_____ %	_____ %
g. Tulathromycin (Draxxin®).....	_____ %	_____ %
h. Other (specify: _____).....	_____ %	_____ %
i. Total [should equal 100%].....	100%	100%

3. How important are the following criteria to you in determining if a pen of cattle is mass treated with an injectable antimicrobial to **prevent** shipping fever?

<b>Not important</b>	<b>Very important</b>		
a. Long shipping distance (increased stress and shrinkage).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Arrival weight.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Appearance of cattle at arrival.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Shipping fever problems in cattle previously received from the same source.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Occurrence of respiratory disease in some of the cattle from the pen/group.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Source of cattle, such as sale barn.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Known history of lack of vaccination against respiratory pathogens.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Season of year (i.e., winter v. summer).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Other (specify: _____).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

### Section 4—Management of Sick Cattle

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1. Of the [Section 1, Question 1] cattle placed on feed, estimate the percentage that developed the following disease conditions after arrival, and, of those, the percentage that were treated.  
*[The estimate should include those animals that required treatment (either medical or removal from the home pen), animals that died either with or without treatment, and those shipped (realized) prior to slaughter weight.]*

	<b>% affected</b>	<b>Of those affected, % treated</b>
a. Acute interstitial pneumonia (also known as AIP, dust pneumonia, allergic pneumonia, atypical pneumonia, and asthma).....	_____ %	_____ %
b. Digestive problems (exclude noneaters).....	_____ %	_____ %
c. Bullers.....	_____ %	_____ %
d. Lameness.....	_____ %	_____ %
e. Central nervous system problems (e.g., polls and brainers).....	_____ %	_____ %

2. Which of the following products are **usually** given to cattle as part of an **initial course** of treatment for:

	<b>Respiratory disease</b> (e.g., shipping fever)	<b>Digestive disorders</b> (exclude noneaters)	<b>Lameness</b> (e.g., footrot)
a. An injectable antimicrobial?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
b. An oral antimicrobial?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
c. A vitamin C injection?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
d. A vitamin B injection?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
e. A respiratory vaccination (e.g., IBR)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
f. A corticosteroid (e.g., dexamethasone, Azium®)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
g. A nonsteroidal anti-inflammatory (e.g., Banamine®, aspirin)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
h. Antihistamine?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
i. Anthelmintic (dewormer)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
j. Probiotic paste?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
k. Oral electrolyte, fluids, drenches?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK
l. Other?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK specify: _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK specify: _____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No <input type="checkbox"/> <sub>4</sub> DK specify: _____

3. Estimate your typical medicine costs used to treat **one** sick animal for:

- a. Respiratory disease (e.g., shipping fever)?..... \_\_\_\_\_ cost/treatment
- b. Acute interstitial pneumonia?..... \_\_\_\_\_ cost/treatment
- c. Digestive problems (exclude noneaters)?..... \_\_\_\_\_ cost/treatment
- d. Bullers?..... \_\_\_\_\_ cost/treatment
- e. Lameness?..... \_\_\_\_\_ cost/treatment
- f. Central nervous system problems?..... \_\_\_\_\_ cost/treatment

4. When treating sick cattle, how often do you:

	<b>Always</b>	<b>Usually</b>	<b>Sometimes</b>	<b>Never</b>	<b>No hospital pen or area</b>
a. Treat them in the hospital area and leave them in a hospital pen for 24 hours or more?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Treat them in the hospital area and remove them from the hospital pen in less than 24 hours?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Treat them in their home pen or alley?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**[If no hospital area or pen on feedlot, SKIP to Section 5.]**

5. Which of the following resources are provided to cattle in the hospital pen?
- a. Wind breaks..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Shade..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Sprinklers/misters to keep cattle cool..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Additional bedding (e.g., straw, newspaper) compared to home pen..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Additional hay to eat compared to home pen..... <sub>1</sub> Yes <sub>3</sub> No
  - f. Increased waterer space per animal compared to home pen..... <sub>1</sub> Yes <sub>3</sub> No
  - g. Increased bunk space per animal compared to home pen..... <sub>1</sub> Yes <sub>3</sub> No
  - h. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No



### 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 00-07 that best describes the reason why the owner is not participating..... \_\_\_\_\_ code VRCO  

99 = Survey completed  
 00 = Inaccessible after five contact attempts  
 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 beef 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. Which of the following best describes the respondent's position with this operation?..... \_\_\_\_\_ code VCONS  

1 = Owner  
 2 = Manager  
 3 = Family member (other than owner or manager)  
 4 = Other hired employee  
 5 = Other (specify: \_\_\_\_\_) VPOSOTH
  
7. How often did the producer consult written (e.g., ledger, pocket diary, calendar) or computerized records to answer questions for which records might have been helpful in giving accurate and complete information?  
<sub>1</sub> Never  
<sub>2</sub> Occasionally (one to three times)  
<sub>3</sub> Frequently (four or more times)..... \_\_\_\_\_ code VPOS

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..... VFDQ