



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# Feedlot 2011 VS Second 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 6/30/2013

<b>State FIPS:</b>	<b>Operation #:</b>	<b>Interviewer:</b>	<b>Date:</b>
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 1.0 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-268  
MAR 2011**

## Section 1—Therapeutic Treatment

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The following questions ask about therapeutic treatments for cattle that show signs of illness.

1. What percentage of the cattle received the following classes of injectable antimicrobials as part of an **initial treatment** course for respiratory disease such as shipping fever?

	<b>Cattle less than 700 lb when placed</b>	<b>Cattle 700 lb or more when placed</b>
a. Tilmicosin (e.g., Micotil®).....	_____ %	_____ %
b. Florfenicol (e.g., Nuflor®).....	_____ %	_____ %
c. Tetracyclines (e.g., Oxy-Tet100™, LA200®, Biomycin®).....	_____ %	_____ %
d. Cephalosporins (e.g., Naxcel®, Excenel®, Excede®).....	_____ %	_____ %
e. Penicillins (e.g., PenG, Aquacillin™).....	_____ %	_____ %
f. Amoxicillin (e.g., Amoxi-Inject®).....	_____ %	_____ %
g. Macrolides (e.g., Gallimycin®, Tylan®200) [exclude Micotil®].....	_____ %	_____ %
h. Tulathromycin (Draxxin®).....	_____ %	_____ %
i. Fluoroquinolones (e.g., Baytril®, A180®).....	_____ %	_____ %
j. Other (specify: _____).....	_____ %	_____ %

For the next two questions, a “retreat” is an animal that failed to respond to the initial course of treatment for respiratory disease and required a second course of treatment. A “repull” is an animal that responded favorably to the initial course of treatment for respiratory disease, was returned to a pen, and was then repulled at a later date for additional treatment for respiratory disease.

2. Does your choice of antimicrobial typically change for the treatment of retreats and repulls compared to the antimicrobial used for their initial treatments of respiratory disease?

	Change antimicrobial	Use same antimicrobial	Use treatment other than antimicrobial	No retreats or repulls
a. Retreats.....	<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. Repulls.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

3. What percentage of the cattle received the following classes of injectable antimicrobials as part of an **retreats of respiratory disease** course such as shipping fever?

	Cattle less than 700 lb when placed	Cattle 700 lb or more when placed
a. Tilmicosin (e.g., Micotil®).....	_____ %	_____ %
b. Florfenicol (e.g., Nufloor®).....	_____ %	_____ %
c. Tetracyclines (e.g., Oxy-Tet100™, LA200®, Biomycin®).....	_____ %	_____ %
d. Cephalosporins (e.g., Naxcel®, Excenel®, Excede®).....	_____ %	_____ %
e. Penicillins (e.g., PenG, Aquacillin™).....	_____ %	_____ %
f. Amoxicillin (e.g., Amoxi-Inject®).....	_____ %	_____ %
g. Macrolides (e.g., Gallimycin®, Tylan®200) [exclude Micotil®].....	_____ %	_____ %
h. Tulathromycin (Draxxin®).....	_____ %	_____ %
i. Fluoroquinolones (e.g., Baytril®, A180®).....	_____ %	_____ %
j. Other (specify: _____).....	_____ %	_____ %

Questions 4 through 7 should be answered for both cattle classes.

	<b>Cattle less than 700 lb when placed</b>	<b>Cattle 700 lb or more when placed</b>
4. Of those cattle and calves placed on feed, what percentage were treated at least once for respiratory disease (shipping fever): .....	_____ %	_____ %

**[If Question 4 both = 0%, SKIP to Question 8.]**

5. Of the cattle and calves in Question 4, what percentage:		
a. Responded?.....	_____ %	_____ %
b. Died?.....	_____ %	_____ %
c. Were considered chronics and were realized?.....	_____ %	_____ %
d. Were treated again (retreats)?.....	_____ %	_____ %

**[If Question 5d both = 0%, SKIP to Question 8.]**

6. Of the cattle and calves in Question 5d, what percentage:		
a. Responded?.....	_____ %	_____ %
b. Died?.....	_____ %	_____ %
c. Were considered chronics and were realized?.....	_____ %	_____ %
d. Were treated again (retreats)?.....	_____ %	_____ %

**[If Question 6d both = 0%, SKIP to Question 8.]**

7. Of the cattle and calves in Question 6d, what percentage:		
a. Responded?.....	_____ %	_____ %
b. Died?.....	_____ %	_____ %
c. Were considered chronics and were realized?.....	_____ %	_____ %

8. To what extent do the following items influence your selection of injectable antimicrobials for treatment of disease?

	<b>Strongly influence</b>	<b>Somewhat influence</b>	<b>Little or no influence</b>
a. Veterinarian recommendations.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Other producers' recommendations.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Lab test results.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Drug company advertisement or representative's recommendation.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Personal experience (past response rates).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Cost of antimicrobial.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Approved route by which antimicrobial is to be given.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Duration of action of antimicrobials (e.g., the need to give only once).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Drug withdrawal time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Other (specify: _____).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

9. Which of the following best describes the level of specific training provided to your employees for any of the following areas related to injectable antimicrobial usage?

*[The training may have been conducted by qualified feedlot personnel, a veterinarian, a drug company representative, etc.]*

	<b>Specific training with written guidelines</b>	<b>Specific training without written guidelines</b>	<b>No training done</b>
a. Disease diagnosis.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Appropriate antimicrobial selection for specific disease.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Label use of antimicrobial agents.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Drug residue avoidance.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Other (specify: _____).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## Section 2—Antimicrobial Use in Feed and Water

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1. What percentage of cattle that were **less than 700 pounds** when placed on feed during the period July 1, 2010, through June 30, 2011, received antimicrobials in the feed and/or water as a health or production management tool? *[Do not include coccidiostats and ionophores. If any cattle received the antimicrobials, include the average number of days the antimicrobial was included in the feed and/or water for a typical pen of cattle less than 700 pounds when placed.]*

	<b>Percent cattle less than 700 lb when placed that received antimicrobials in feed or water</b>	<b>Average number of days the cattle received the antimicrobials in feed or water</b>
a. Bacitracin (BMD®, Fortracin® Alloac®).....	_____ %	_____ days
b. Chlortetracycline (Aureomycin®100, CTC).....	_____ %	_____ days
c. Chlortetracycline/sulfamethazine (Aureomycin®700, MoorMan's®, Beef Cattle Boost).....	_____ %	_____ days
d. Neomycin (Blosol®, Neomix®325).....	_____ %	_____ days
e. Oxytetracycline (OTC, Terramycin®, TM50).....	_____ %	_____ days
f. Sulfamethazine/sulfadimethoxine (Albon®, Sulmet®).....	_____ %	_____ days
g. Tetracycline (Tetrasure™, T-Vet®).....	_____ %	_____ days
h. Tylosin (Tylan®).....	_____ %	_____ days
i. Virginiamycin (V Max®).....	_____ %	_____ days
j. Other (specify: _____).....	_____ %	_____ days

2. What percentage of cattle that were **700 pounds or more** when placed on feed during the period July 1, 2010, through June 30, 2011, received antimicrobials in the feed and/or water as a health or production management tool?

	<b>Percent cattle 700 lb or more when placed that received antimicrobials in feed or water</b>	<b>Average number of days the cattle received the antimicrobials in feed or water</b>
a. Bacitracin (BMD®, Fortracin® Alloac®).....	_____ %	_____ days
b. Chlortetracycline (Aureomycin®100, CTC).....	_____ %	_____ days
c. Chlortetracycline/sulfamethazine (Aureomycin®700, MoorMan's®, Beef Cattle Boost).....	_____ %	_____ days
d. Neomycin (Blosol®, Neomix®325).....	_____ %	_____ days
e. Oxytetracycline (OTC, Terramycin®, TM50).....	_____ %	_____ days
f. Sulfamethazine/sulfadimethoxine (Albon®, Sulmet®).....	_____ %	_____ days
g. Tetracycline (Tetrasure™, T-Vet®).....	_____ %	_____ days
h. Tylosin (Tylan®).....	_____ %	_____ days
i. Virginiamycin (V Max®).....	_____ %	_____ days
j. Other (specify: _____).....	_____ %	_____ days

### Section 3—General Information

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1. Of the cattle placed on feed during the period July 1, 2010, through June 30, 2011, what percentage were given the following parasiticides (dewormers and/or insecticides) as a treatment or preventive for internal or external parasites?  
*[If Producer is unsure of the category of parasiticide used, use the table or product names.]*

a. Avermectins (e.g., Ivomec®, Eprinex®, Dectomax®).....	_____ %
b. Clorsulon (e.g., Curatrem®).....	_____ %
c. Avermectin/Clorsulon combination (Ivomec® Plus).....	_____ %
d. Levamisole (e.g., Totalon®, Tramisol®, Prohibit™).....	_____ %
e. Permethrins (e.g., Permethrin™, CyLence™, Ectiban®).....	_____ %
f. Organophosphates (Co-Ral®, Spotton, Tiguvon, Warbex).....	_____ %

2. Did you use any of the following methods to control flies on this feedlot during the year ending June 30, 2011?
- a. Manure removal..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Biological control (predatory insects)..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Ear tags containing insecticides..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Environmental sprays..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Pour-ons, dusting powder, or animal sprays..... <sub>1</sub> Yes <sub>3</sub> No
  - f. Feed additives that kill larva (e.g., phenothiozine, runnel, Co-Ral®)..... <sub>1</sub> Yes <sub>3</sub> No
  - g. Sticky tape or other fly traps..... <sub>1</sub> Yes <sub>3</sub> No
  - h. Granular fly bait (e.g., Golden Malrin®)..... <sub>1</sub> Yes <sub>3</sub> No
  - i. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No
3. Do you use computer databases to store production and/or animal health-related information?..... <sub>1</sub> Yes <sub>3</sub> No

**[If Question 3 = NO, SKIP to Question 5.]**

4. How important to this feedlot are these computer databases for:
- |   | <b>Very<br/>important</b>             | <b>Somewhat<br/>important</b>         | <b>Not<br/>important</b>              |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Comparing your feedlot to other feedlots?.....                                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| b. Comparing current information to historical information for this feedlot?..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| c. Tracking withdrawal times?.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| d. Tracking production?.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| e. Tracking economic records?.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |



### 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