Animal and Plant Health Inspection Service

Veterinary Services

NAHMS Dairy 2014 Heifer Calf Diary Card

National Animal Health Monitoring System

2150 Centre Ave, Bldg. B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-0205
Approval expires: XX/XXXX

NAHMS ID: **PLACE LABEL HERE** **Breed:** ☐ Hol ☐ Jer ☐ Other **Dam ID:** ____________

Dam Parity: ☐ 1st ☐ 2nd ☐ 3rd or higher

INSTRUCTIONS

Heifer calves are enrolled and monitored from birth to weaning.

Enroll up to 4 heifer calves at birth – 1 calf per diary card.
Collect information on the dam and calving event.
Obtain a sample of colostrum from ½ of enrolled calves.
Record the amount and timing of colostrum administration
Calves must be alive at 24 hours to continue in the study.
Collect ear notch sample for BVD testing.
Record information on housing and feeding.
At birth 2, 4, 6 and 8 weeks, collect height and weight information.
Between 2 and 4 weeks of age, collect fecal samples from ½ enrolled calves.
Record any incidence of illness and subsequent treatments.
Record vaccinations and date administered.
Record weaning date.

Questions?
Please contact the consultant assisting with the calf study.

Birth Data	**Date of Birth:** _______________ **(mmddyy)**
Birth Weight (use supplied Calf Growth Tape)	pounds
Dystocia Score (calving ease)	☐ unassisted ☐ easy pull ☐ difficult pull ☐ mechanical/surgical extraction
Birth number	☐ single ☐ twin ☐ triplet
Colostrum given?	☐ Yes ☐ No
Hours after birth first given	Hrs
Volume, in quarts, at first feeding	Qts
Sample collected for quality?	☐ Yes ☐ No
Preweaning Information	
Housing	☐ individual hutch ☐group pen
Number in group?	#
Was iodine put on the navel?	☐ Yes ☐ No
Dehorned?(write in date or N/A)	Date
At what date was calf offered:	
Water	Date
Starter feed	Date
Hay	Date

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 0579-0205. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

NAHMS – 305
Jan 2014

NAHMS Dairy 2014 Preweaned Heifer Calf Study

Heifer Calf ID: ___________________________

Milk Feeding

Milk Feeding	
Milk Replacer or whole milk?	☐ replacer ☐ whole milk ☐ both
Preservatives or antibiotics added to milk?	☐ Yes ☐ No ☐ don't know
Pasteurized?	☐ Yes ☐ No
Quantity per feeding fed at 2 days of age?	☐ 1 qt ☐ 2 qts ☐ 3 qts or more
Frequency fed at 2 days of age	☐ Once a day ☐ twice ☐ 3 ☐ 4 ☐ free choice (automated feeder)
Quantity per feeding fed immediately prior to weaning?	☐ 1 qt ☐ 2 qts ☐ 3 qts or more
Frequency fed immediately prior to weaning?	☐ Once a day ☐ twice ☐ 3 ☐ 4 ☐ free choice (automated feeder)
Notes:	

Preweaning Growth Record – use supplied Calf Growth Tape

2 weeks of age	Weight	Height	Date
4 weeks of age	Weight	Height	Date
6 weeks of age	Weight	Height	Date
8 weeks of age	Weight	Height	Date
10 weeks if applicable	Weight	Height	Date
Notes:			

Biologic Sampling Record

1 to 5 days after birth	
Blood drawn for total protein	Date
Ear notch for BVD testing	Date
2 to 4 weeks after birth	
Fresh fecal sample	Date

Vaccinations

Brand name	Date given

Disease Incidence and Treatment

Enter Date of Illness and/or Treatment

Check all boxes that apply for this occurrence.

Date: mm/dd						
Signs:						
Temperature (write in N/A if not taken)	xxx	xxx	xxx	xxx	xxx	xxx
Listless, droopy ears, dull, off feed	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Dehydrated, sunken eyes	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Scours, diarrhea	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Cough, runny nose or eyes, difficulty breathing	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Lameness, joint problems	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Other, specify:	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Treatments:						
Cut back or changed milk or replacer	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Oral electrolytes	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Injectable fluids	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Drugs administered	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Names of drugs (include antibiotics and anti-inflammatories:						
Fed gut soothers (e.g., Pepto-Bismol® / Kaopectate®)	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Other, specify:	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx	☐xxx
Date died (if applicable)	Date					

Weaning Data

Date Weaned: ___________________ (mmddyy)

Criteria to wean calf	☐ starter intake ☐ age ☐space ☐ other - specify:
Describe the milk step down process and duration:	
Were prophylactic treatments given at	☐ Yes ☐ No

weaning	If Yes: describe: