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| --- | --- | --- |
| SURVEY_LOGO_3:USDALOGO.PCX  United States Department of Agriculture | **GENERAL DAIRY** **MANAGEMENT Questionnaire**  **January 2014** | APHIS |
| OMB No. 0579-0205  Approval Expires: XX/XXXX  Project Code: 930 NAHMS 307  QID: xxxxxx SMetaKey: xxxx | Animal and Plant Health Inspection Service  2150 Centre Ave., Bldg. B  Fort Collins, CO 80526-8117 |
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|  | **Office Use Only** |
|  | 0001 |
|  |  |
| BEGINNING TIME [MILITARY]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | 0002  \_\_ \_\_ \_\_ \_\_ |
| **INTRODUCTION** | |
| [Rephrase in your own words.]  We would like to ask you some questions about your dairy operation. To understand important issues in the dairy industry, we need to obtain information about the health status of your dairy cattle, any health problems they may have had, as well as about productivity and management.  Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes. Response is **voluntary**. However, your report is needed to make regional and national estimates as accurate as possible.  You may find it easier to answer some of the questions if you have your records available. | |

|  |
| --- |
| 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 1 hour 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. |

**SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY**

1. **Enumerator Note:** Were any dairy cows (**IC** **352**) reported on the **Cattle** or **Milk Report**?

xxx 1 🞏Yes – Continue 3 🞏No – Go to Section 10

**Instructions**: If the respondent completed the **Cattle Report**:

* **Transfer** items 2 – 6
* **Ask** items 7 – 11

**OR**

If the respondent **only** completed the **Milk Report**:

* **Transfer** items 2 – 4
* **Ask** items 5 – 11

|  |
| --- |
| **Head** |
| 352 |

2. The number of dairy cows on hand January 1 (**IC** **352**) from the Cattle or

Milk Report: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

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| 349 |

3. The number of dairy cows milked on this operation on January 1 (**IC** **349**)

from the Cattle or Milk Report: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

|  |  |  |
| --- | --- | --- |
| **Gallons** |  | **Pounds** |
| 502  Gals. | **OR** | 501  Lbs. |

4. The amount of milk produced (**IC** **502** or **IC** **501**) on

January 1 from the Cattle or Milk Report: . . . . . . . . . .

|  |
| --- |
| **Head** |
| 353 |

5. How many bulls weighing 500 pounds or more were on hand January 1, 2014?

|  |
| --- |
|  |
| 355 |

6. How many heifers weighing 500 pounds or more for dairy cow replacement

were on hand January 1, 2014? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

|  |
| --- |
| **Head** |
| xxx |
| xxx |

7. Of the (item 2) dairy cows on hand January 1, how many were:

a. Lactating cows? . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . .

b. Dry cows? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . +

|  |
| --- |
|  |
| xxx |

8. Of the (item 5) bulls weighing 500 pounds or more on hand January 1, how many were dairy +

bulls used for breeding? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

9. Of the dairy replacement heifers on hand on

|  |
| --- |
|  |
| xxx |
| xxx |
| xxx |

January 1, how many were:

a. Preweaned? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . +

b. Weaned but not pregnant? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . +

c. Pregnant? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . +

|  |
| --- |
|  |
| xxx |

10. So the total dairy inventory on hand January 1, 2014 was?

**[Add Items 7a + 7b + 8 + 9a + 9b + 9c and verify the total.] TOTAL =**

11. Of the (item 9) **dairy replacement heifers**, what percent were: **Percent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Born and raised on this operation? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |  | | xxxx  % |
| b. Born on this operation and raised off this operation? | | + | | xxxx  % |
| c. Born off this operation? | | + | | xxxx  % |
| **TOTAL =** | |  | **100%** | |

12. During 2013, what was the average price per head in your locality for: **Dollars per Head**

|  |  |  |
| --- | --- | --- |
| a. Dairy replacement heifers weighing 500 pounds or more? . . . . . . . . . . . . . . . . . . . . . . . |  | 557  $ |
| b. Springing dairy heifers? |  | xxxx  $ |
| c. Milk cows for dairy herd replacement? |  | 514  $ |

13. Of the (item 2) dairy cows on this operation January 1, 2014, what percent were: **Percent**

|  |  |  |
| --- | --- | --- |
| a. Holstein?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx  % |
| b. Jersey? | + | xxxx  % |
| c. Ayrshire? | + | xxxx  % |
| d. Brown Swiss?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | + | xxxx  % |
| e. Guernsey? | + | xxxx  % |
| f. Other, including mixed dairy breeds? (Specify: xxxx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | + | xxxx  % |

**TOTAL = 100%**

**Percent**

|  |  |  |
| --- | --- | --- |
| 14. Of the (item 2) dairy cows, what percent are registered with a breed association (purebred)? |  | xxxx  % |

15. In order to track the inventory changes during 2013, how many: **Head**

|  |  |  |
| --- | --- | --- |
| a. Lactating and dry cows were present on **January 1, 2013**?. . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| b. Natural additions added to the milking herd during 2013? (Include heifers raised  offsite) | + | xxxx |
| c. Purchased/leased additions added to the milking herd during 2013? | + | xxxx |
| d. Adult cows were permanently removed from the herd during 2013? (Exclude cows that  died) | - | xxxx |
| e. Adult cows died during 2013? | - | xxxx |
| f. Total lactating and dry cows were present on **January 1, 2014**? (should = Item 2) | = | xxxx |

|  |
| --- |
| **Head** |
| xxxx |
| xxxx |

16. How many cows did this operation milk 5 years ago?

17. How many cows does this operation anticipate milking in 5 years?

**SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY**

18. During 2013, did this operation participate in any of the following types of quality assurance

programs to improve product quality through assessments and monitoring?

|  |
| --- |
| a. State sponsored program? |
| b. Local milk cooperative/processor sponsored program? |
| c. National industry sponsored program? |
| d. Other program? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

19. Of the (item 2) dairy cows on hand January 1, what percent had the following types of individual cow identification?

|  |  |  |
| --- | --- | --- |
| **Identification Type** | **Percent of Dairy Cows** | **Which one of the Identification methods is primarily used for management and record-keeping purposes?** |
| **Unofficial ID** |  |  |
| 1. bangle tags | xxxx  % | xxxx  1 |
| 1. RFID tags (include 900   series tags) | xxxx  % | xxxx  1 |
| c. Leg bands | xxxx  % | xxxx  1 |
| d. Collars | xxxx  % | xxxx  1 |
| e. Brand (individual animal) | xxxx  % | xxxx  1 |
| g. Other unofficial  (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  % | xxxx  1 |
| **Official ID** |  |  |
| f. Brucellosis (Bang’s) orange metal or Official silver (brite), or Visual AIN tag (“840” or “USA” prefix) metal eartag  vaccination eartag | xxxx  % | xxxx  1 |
| g. RFID, electronic tag  If YES, which of the following: | xxxx  % | xxxx  1 |
| 1. Electronic (RFID button, “840” prefix)  Tags | xxxx  % | xxxx  1 |
| 2. Visual AIN tag (“840” prefix) with  RFID | xxxx  % | xxxx  1 |
| h. Other official  (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  % | xxxx  1 |

**SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY**

20. During 2013, which of the following types of record keeping systems did this operation use to track individual

dairy animals?

|  |
| --- |
| a. Handwritten records such as a ledger or notebook? |
| b. Dairy Herd Information Association (DHIA)? |
| c. Off-farm computer record system other than DHIA? |
| d. On-farm computer record system? |
| e. No record keeping system? |
| f. Other systems? (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

**[If Item 20c or 20d = Yes, continue; otherwise go to Item 23]**

21. Which one of the following was the primary record system used? (Check one)

xxxx

1 Dairy Comp 305

2 PC Dart

3 DHI Plus

4 Other? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

22. Were official IDs (brucellosis tags, AIN tags, etc.) entered into the computer system for individual animals during 2013?

xxxx 1 🞏Yes 3 🞏No

23. Did this operation re-use unofficial ID numbers during 2013 from animals that have been sold or died?

xxxx 1 🞏Yes 3 🞏No

24. Were record-keeping systems used during 2013 to track or monitor the following:

|  |
| --- |
| a. Milk production? |
| b. Animal health? |
| c. Antibiotic withdrawal times? |
| d. Breeding history and genetic improvements? |
| e. Cull cow values? |
| f. Other? (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

25. During 2013, did this operations management have access to the internet? 🞏1 Yes 🞏3 No

**NOTE: Herd-level identification refers to an ID that is the same for all animals in the herd**.

|  |
| --- |
| **Percent** |
| xxxx  % |

26. What percent of animals on this operation had herd-level?

**[If Item 26 = 0, skip to Item 28; otherwise, continue]**

27. Which of the following herd-level identification method(s) did this operation use during 2013?

|  |
| --- |
| a. Brand |
| b. Tattoo? |
| c. Bangle tag? |
| d. Metal clip eartag? |
| e. Other? (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

**SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY**

28. How familiar are you with the USDA Animal Disease Traceability Rule? (Check one)

xxxx

1 Have not heard of it before

2 Recognize the name, but not much else

3 Know some basics

4 Fairly knowledgeable

29. Has this operation been assigned a unique premises ID by your State animal health

agency as part of the Animal Disease Traceability Program? xxxx 1 🞏Yes 3 🞏No 2 🞏DK

|  |
| --- |
| **Head** |
| xxxx |

30. During 2013, what percent of cows (item 2) received bST (bovine somatotropin, trade name Posilac®) this lactation?

|  |
| --- |
| **Pounds per Cow** |
| xxxx |

31. What is the current rolling herd average (RHA) for milk production?

32. During 2013, how many times per day were the majority of cows milked? (Check one)

xxxx

1 Once a day

2 Twice a day

3 Three times a day

4 More than three times a day

33. During 2013, how many times per day were fresh cows milked? (Check one)

xxxx

1 Once a day

2 Twice a day

3 Three times a day

4 More than three times a day

34. During 2013, did your operation record milk weights for individual cows on a daily basis?

xxxx 1 🞏Yes - Continue 3 🞏No – Go to Item 36

1. During 2013, did this operation use computer technology for:
   1. Recording of daily milk weights? xxxx 1 🞏Yes 3 🞏No
   2. Management of  reproductive records xxxx 1 🞏Yes 3 🞏No
   3. Continuing education- on-line courses  xxxx 1 🞏Yes 3 🞏No
   4. Information gathering  xxxx 1 🞏Yes 3 🞏No
   5. Communication with vendors xxxx 1 🞏Yes 3 🞏No
   6. Online purchasing of non-personal items and equipment  xxxx 1 🞏Yes 3 🞏No

|  |
| --- |
| **CWT** |
| xxxx |

36. During 2013, how much milk was produced by this operation? (Report in hundredweight) NASS

|  |
| --- |
| **Days** |
| xxxx |

37. During 2013, what was the average number of days that dairy cows were dry?

|  |
| --- |
| **Months** |
| xxxx |

38. During 2013, what was the average calving interval in months for dairy cows? (Calving interval

is the time from one calving to the next calving for an individual cow.)………………………………..

|  |
| --- |
| **Months** |
| xxxx |

39. During 2013, what was the average age in months of dairy heifers at time of first calving?

**SECTION 1 – INVENTORY, RECORD KEEPING & PRODUCTIVITY**

40. Which one of the following practices best described this dairy operation during 2013? (Check one)

xxxx

1 Conventional (majority of forage consumed is not harvested by cows)

2 Grazing (majority of forage consumed is harvested by cows)

3 Combination of conventional and grazing

4 Organic (operation meets USDA organic standards)

5 Other? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES**

1. Were any cattle brought onto this operation during 2013? (**Include** purchased, leased, or borrowed cattle. **Exclude**

calves raised off-site and returned to this operation.)

xxxx 1 🞏Yes - Continue 3 🞏No – Go to Item 8

2. Please complete the table below for the cattle brought onto this operation during 2013. Exclude calves raised offsite. If the cattle class wasn’t purchased, leased or borrowed, check ‘No’ and skip to the next row.

**Quarantine** refers to the physical separation of an animal or group of animals from other cattle on the operation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Cattle Class | 2  Were any of this type of cattle brought on this operation during 2013? | 3  How many of this type of cattle were brought onto this operation during 2013? | 4  Of the (column 3) cattle, how many were quarantined? | 5  How many days were they quarantined? | 6  What was the cost per head on the last purchase?  Registered vs purchased?? Econ | 7  How many of these  (column 3) cattle originate from another state? |
| a. Preweaned  calves  (dairy or beef) | xxxx  1 🞏Yes  3 🞏No | xxxx | xxxx | xxxx | xxxx  $ | xxxx  1 🞏All  2 🞏Some  3 🞏None |
| b. Weaned but  not pregnant  dairy heifers | xxxx  1 🞏Yes  3 🞏No | xxxx | xxxx | xxxx | xxxx  $ | xxxx  1 🞏All  2 🞏Some  3 🞏None |
| c. Pregnant  dairy heifers | xxxx  1 🞏Yes  3 🞏No | xxxx | xxxx | xxxx | xxxx  $ | xxxx  1 🞏All  2 🞏Some  3 🞏None |
| d. Fresh dairy  heifers | xxxx  1 🞏Yes  3 🞏No | xxxx | xxxx | xxxx | xxxx  $ | xxxx  1 🞏All  2 🞏Some  3 🞏None |
| e. Lactating  dairy cows | xxxx  1 🞏Yes  3 🞏No | xxxx | xxxx | xxxx | xxxx  $ | xxxx  1 🞏All  2 🞏Some  3 🞏None |
| f. Dry dairy  cows | xxxx  1 🞏Yes  3 🞏No | xxxx | xxxx | xxxx | xxxx  $ | xxxx  1 🞏All  2 🞏Some  3 🞏None |
| g. Beef cows,  bulls, steers  and heifers | xxxx  1 🞏Yes  3 🞏No | xxxx | xxxx | xxxx |  | xxxx  1 🞏All  2 🞏Some  3 🞏None |
| h. Dairy bulls | xxxx  1 🞏Yes  3 🞏No | xxxx | xxxx | xxxx | xxxx  $ | xxxx  1 🞏All  2 🞏Some  3 🞏None |
| i. Total |  | xxxx  Match previous inventory Q | xxxx |  |  |  |

**SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES**

3. For the (item 2, row i, column 3) total cattle brought on this operation in 2013, please complete the following table: (Exclude calves raised offsite that returned to this operation.)

**A shipment is one group of animals moved at once, regardless of the number of vehicles required to move them.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1  Source | 2  What percent of the total cattle brought on this operation in 2013 came from these sources? | 3  How many total shipments from these sources were brought on this operation in 2013? | What was the average, minimum and maximum number of **miles** that animals were transported from these sources | | | 7  Did any shipments cross State lines? |
| 4  Average distance | 5  Minimum distance | 6  Maximum distance |
| a. Another dairy operation | xxxx  % | xxxx |  |  | xxxx | xxxx  1 🞏Yes  3 🞏No |
| b. Heifer-rearing operation (Not natural additions) | xxxx  % | xxxx |  |  | xxxx | xxxx  1 🞏Yes  3 🞏No |
| c. Market/auction | xxxx  % | xxxx |  |  | xxxx | xxxx  1 🞏Yes  3 🞏No |
| d. Livestock dealer | xxxx  % | xxxx |  |  | xxxx | xxxx  1 🞏Yes  3 🞏No |
| f. Beef cow-calf operation | xxxx  % | xxxx |  |  | xxxx | xxxx  1 🞏Yes  3 🞏No |
| g. Other  (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)\_\_) | xxxx  % | xxxx |  |  | xxxx | xxxx  1 🞏Yes  3 🞏No |
| **TOTAL** | xxxx  **100%** | xxxx |  |  |  |  |

any diseases? tire question

4. During 2013, before bringing **cattle** (either dairy or beef) onto the farm, did this operation **normally require individual animal testing** for any diseases?

xxxx 1 🞏Yes - Continue 3 🞏No – Go to Item 6

5. Were any cattle tested for the following diseases:

|  |
| --- |
| a. Bovine viral diarrhea – persistently infected animals (BVD-PI)? |
| b. Johne’s disease? |
| c. Brucellosis? |
| d. Tuberculosis? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |
| e. Contagious mastitis pathogens? |
| f. Bovine leukosis virus (BLV)? |
| g. Bluetongue? |
| h. Other? (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

**SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES**

6. During 2013, before bringing cattle (either beef or dairy) onto the farm, did this operation normally require vaccination for:

|  |
| --- |
| a. Brucellosis? |
| b. BVD (bovine viral diarrhea)? |
| c. IBR (infectious bovine rhinotracheitis)? |
| d. Lepto (leptospirosis)? |
| e. Neospora? |
| f. Anything else? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

7. During 2013, before bringing cattle (either dairy or beef) onto the farm, did this operation normally require:

|  |
| --- |
| a. Herd-of-origin BVD status? |
| b. Herd-of origin Johne’s disease (*Mycobacterium paratuberculosis*) status? |
| c. Herd-of-origin bulk milk somatic cell count? |
| d. Herd-of-origin bulk tank milk culture to evaluate contagious mastitis  pathogens? |
| e. Anything else? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

8. During 2013, did any cattle leave this operation for any purpose (show, sale, petting

zoo, etc.) and then return to this operation? (**Exclude** calves raised off site.) xxxx 1 🞏Yes 3 🞏No

9. During 2013, which of the following animals were either on this operation at any time or on adjacent

operations where fence-line contact was possible?

|  |  |  |
| --- | --- | --- |
| **Animal type** | On **this operation** during 2013? | On an **adjacent operation** during 2013 where fence-line contact was possible? |
| a. Dairy cattle |  | xxxx  1 🞏Yes 3 🞏No |
| b. Beef cattle | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| c. Mexican-origin cattle (e.g., steers, rodeo stock) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| d. Chickens or other poultry | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| e. Horses, donkeys, mules, etc. | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| f. Pigs (domestic) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| g. Sheep | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| h. Goats | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| i. Dogs (domestic or feral) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| j. Cats (domestic or feral) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| k. Captive deer or elk | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| l. Llamas or alpacas | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| m. Bison | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| n. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |

**SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES**

10. During 2013, how frequently were the following wild animal or signs of wild animals (scat, tracks, etc.)

observed **on this operation**?

Never Less than once More often than

a month once a month

|  |
| --- |
| a. Deer? |
| b. Coyotes or foxes? |
| c. Raccoons? |
| d. Opossums? |
| e. Skunks? |
| f. Feral pigs?  g. Other wild animals? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx

1 🞏 2 🞏 3 🞏

xxxx

1 🞏 2 🞏 3 🞏

xxxx

1 🞏 2 🞏 3 🞏

xxxx

1 🞏 2 🞏 3 🞏

xxxx

1 🞏 2 🞏 3 🞏

xxxx

1 🞏 2 🞏 3 🞏

xxxx

1 🞏 2 🞏 3 🞏

**[If Item 10a = Never, Skip to Item 12; otherwise continue]**

11. How frequently were deer observed in the **cattle-housing areas, pastures, or lots**?

xxxx 1 🞏 Never

2 🞏Less than once a month

3 🞏Monthly

4 🞏Weekly or daily

16. During 2013, were any calves (bulls, steers, or heifers) sold or raised off-site?

xxxx 1 🞏Yes – Continue  3 🞏No – Go to Section 3

17. During 2013, how many of the following calves were sold or raised off-site?

a. Bull calves?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Steer calves?

+\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Heifer calves?

+\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Total?

=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES**

**For this study, a heifer-raising operation is defined as an operation that raises dairy heifer calves for at least one operation other than its own during 2010. These operations are commonly known as custom raisers or calf ranches and are managed/operated by someone other than the owner of this dairy operation.**

18. For the (item 17d) total calves sold or raised off-site, please complete the following table. If no calves went to the

following destination or arrangement, check ‘No’ and skip to the next row.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1  Destination or  Arrangement | 2  Was this destination or arrangement used for any calves during 2013? | 3  What percent of **bull and steer calves** went to this destination or arrangement in 2013? | 4  Did any bull/steer shipments cross State lines? | 5  What percent of **heifer calves** went to this destination or arrangement in 2013? | 6  Did any heifer shipments cross State lines? |
| a. Raised off-site with  retained ownership? | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No |
| b. Sold and then brought  back to this operation? | xxxx  1 🞏Yes  3 🞏No |  |  | xxxx  % | xxxx  1 🞏Yes  3 🞏No |
| c. Sold to a calf ranch or  heifer raiser? | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No |
| d. Sold through auction? | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No |
| e. Sold through a dealer? | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No |
| f. Sold directly to another  dairy? | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No |
| g. Other  (Specify: \_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No | xxxx  % | xxxx  1 🞏Yes  3 🞏No |
| h. **Total** |  | **100%** |  | **100%** |  |

19. Do bull or steer calves ever return to this operation from the rearing facility? xxxx 1 🞏Yes 3 🞏No 4 🞏NA

**[If Item 19, row a, column 5 is zero, skip to Section 3; otherwise, continue]**

**All of the following questions in this Section only refer to heifers that were raised off-site with retained ownership.**

|  |  |  |
| --- | --- | --- |
| **Days** |  | **Weeks** |
| xxxx | **OR** | xxxx |

20. At what age, in days or weeks, did the majority of dairy heifers leave this

operation?

21. At the time the dairy heifers leave this operation, are majority: (Check one)

xxxx

1 Preweaned?

2 Weaned but not pregnant, regardless of breeding age?

3 Pregnant?

**[If Item 21 = ‘Preweaned’, continue; otherwise go to item 24]**

22. During 2013, did this operation supply waste milk to the off-site heifer rearing operation(s)? xxxx 1 🞏Yes 3 🞏No

**SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES**

23. During 2013, did the offsite rearing facility pasteurize all milk fed to your heifer calves? xxxx 1 🞏Yes 3 🞏No 2 🞏DK 2 🞏NA – rearing facility does not feed milk

24. Which one of the following best describes the off-site rearing facility? (Check one)

xxxx

1 Dairy heifers are sent to a **single rearing facility** and **do not have any contact** with cattle from other operations.

2 Dairy heifers are sent to **multiple rearing facilities** and **do not have any contact** with cattle from other

operations.

3 Dairy heifers are sent to a **single rearing facility** and **have contact** with cattle from other operations.

4 Dairy heifers are sent to **multiple rearing facilities** and **have contact** with cattle from other operations.

5 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |
| --- |
| **Miles** |
| xxxx |

25. On average, how many miles were the dairy heifers transported to the first off-site rearing facility?

26. During 2013, how many times per week, per month, or per year were dairy heifers first transported

**off of this operation**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Times per Week** |  | **Times per Month** |  | **Times per Year** |
| xxxx | **OR** | xxxx | **OR** | xxxx |

27. During 2013, what percent of dairy heifer calves were first transported **off your operation** by the following:

**Percent**

|  |  |  |
| --- | --- | --- |
| a. Picked up by personnel from the heifer rearing operation?. . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx  % |
| b. Delivered by this dairy operation? | + | xxxx  % |
| c. Delivered by private/contract hauler? | + | xxxx  % |
| d. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | + | xxxx  % |

**TOTAL = 100%**

28. Which of the following best describes how frequently heifer transport vehicles owned, leased, or contracted by this

operation to transport heifers **off your operation** were washed/rinsed out during 2013? (Check one)

xxxx 1 🞏 After every shipment

2 🞏After 2 or 3 shipments

3 🞏After more than 3 shipments

4 🞏Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

5 🞏Unknown or no standard procedure

6 🞏Not applicable – this operation’s vehicles are not used to transport heifers

**[If Item 28 = ‘Unknown’ or ‘Not applicable’, go to Item 30; otherwise, continue]**

29. Did washing or rinsing of the (item 27) vehicles usually include a disinfectant? xxxx 1 🞏Yes 3 🞏No

30. During 2013, how many times per week, per month, or per year did dairy heifers return

**to this operation from the first rearing facility**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Times per Week** |  | **Times per Month** |  | **Times per Year** |
| xxxx | **OR** | xxxx | **OR** | xxxx |

|  |
| --- |
| **Months** |
| xxxx |

31. At what age in months do dairy heifers return **to this operation** after being raised off site?

32. At the time dairy heifers arrive or return **to this operation** after being raised off site, are the majority: (Check one)

xxxx

1 Weaned but not pregnant?

2 Pregnant?

3 Recently fresh?

4 Other? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**SECTION 2 – BIOSECURITY, MOVEMENT & REARING PRACTICES**

33. Which of the following best describes how frequently heifer transport vehicles owned, leased, or contracted by this

operation to transport heifers returning **to your operation** were washed/rinsed out during 2013? (Check one)

xxxx 1 🞏 After every shipment

2 🞏After 2 or 3 shipments

3 🞏After more than 3 shipments

4 🞏Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

5 🞏Unknown or no standard procedure

6 🞏Not applicable – this operation’s vehicles are not used to transport heifers

**[If Item 33 = ‘Unknown’ or ‘Not applicable’, go to Section 3; otherwise, continue]**

34. Did washing or rinsing of the (item 30) vehicles usually include a disinfectant? xxxx 1 🞏Yes 3 🞏No

**SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT**

1. During 2013, what percent of calvings occurred in the following areas:

**Percent**

|  |  |  |
| --- | --- | --- |
| a. Multiple animal area/pen (group calving)? | + | xxxx  % |
| b. Individual animal area/pen cleaned between each calving? | + | xxxx  % |
| c. Individual animal area/pen cleaned after two or more calvings?. . . . . . . . . . . | + | xxxx  % |
| d. Individual animal area/pen that is not cleaned? | + | xxxx  % |
| e. Other? (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | + | xxxx  % |

**TOTAL = 100%**

2. 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.)* V068/500 \_\_\_\_\_ days **OR** \_\_\_\_\_ hours

b. After calving? *(Enter 0 if removed immediately; answer to*

*nearest quarter hour if less than 1 hour.)* V069 \_\_\_\_\_ hours

3. Do any of the following cows enter the usual calving area/pen?

a. Sick cows V070 🞏1 Yes🞏3 No

b. Lame cows V071 🞏1 Yes🞏3 No

c. Johne’s test-positive cows V072 🞏1 Yes🞏2 Don’t test 🞏3 No

d. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)V073OTH V073 🞏1 Yes🞏3 No

4. During 2013, what percent of calves were:

**Percent**

|  |  |  |
| --- | --- | --- |
| a. hand-fed colostrum only . . . . . . . . . . . |  | xxxx  % |
| b. hand-fed colostrum and allowed to suckle? | + | xxxx  % |
| c. not hand-fed colostrum and allowed to suckle? | + | xxxx  % |

**TOTAL = 100%**

|  |
| --- |
| **Hours** |
|  |

|  |  |
| --- | --- |
| **Minutes** |  |
| xxxx | **OR** |

5. During 2013, in general how many minutes or hours after birth were heifer calves permanently separated from their dams?

**SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT**

6. During 2013, did this operation estimate immunoglobulin (IgG) levels in, or quality of

colostrum, such as through use of a colostrometer?

xxxx 1 🞏Yes – Continue  3 🞏No – Go to Item 8

7. Which of the following methods was used to estimate immunoglobulin (IgG) levels in or quality of colostrum?

|  |
| --- |
| a. Colostrometer |
| b. Visual appearance |
| c. Brix refractometer (digital measuring device) |
| d. Volume of first milking colostrum in pounds |
| e. Other (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

8. How did newborn dairy heifer calves normally get their first feeding of colostrum?

xxxx

1 Suckling the dam

2 Hand feeding from bucket or bottle

3 Hand feeding using esophageal feeder

4 Other (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

If item 8 =1 then skip to item 10

|  |
| --- |
| **Hours** |
| xxxx |

9. During 2013, how many hours after birth did the majority of newborn dairy heifer calves get their

first feeding of colostrum?

10. How many quarts of first-milking colostrum was normally fed by hand in the first 24 hours to

dairy heifer calves: **Quarts**

|  |  |  |
| --- | --- | --- |
| a. At the first feeding? (if allowed to nurse prior to hand feeding enter 99) |  | xxxx |
| b. On average at each subsequent feeding? | + | xxxx |
| c. Total in the first 24 hours? | = | xxxx |

11. During 2013, what percent of calves on this operation were given colostrum from the following sources?

**Percent**

|  |  |  |
| --- | --- | --- |
| a. Individual cow colostrum (unpasteurized) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx  % |
| b. Individual cow colostrum (pasteurized) | + | xxxx  % |
| c. Pooled (mixed from multiple cows) cow colostrum (unpasteurized) | + | xxxx  % |
| d. Pooled cow colostrum (pasteurized). . . . . . . . . . . | + | xxxx  % |
| e. Commercial colostrum replacer | + | xxxx  % |
| f. No colostrum fed | + | xxxx  % |

**TOTAL** [will be greater than 100% if calves received more than on source of colostrum]  **= ≥100%**

12. During 2013, did this operation store excess colostrum?

xxxx 1 🞏Yes - Continue 3 🞏No – Go to Item 14

**SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT**

13. What was the primary method of colostrum storage? (Check one)

xxxx

1 Stored without refrigeration

2 Stored in the refrigerator

3 Stored in the freezer

4 Other? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

14. During 2013, did this operation routinely monitor serum proteins as a measure of passive

transfer status of newborn dairy heifer calves? xxxx 1 🞏Yes 3 🞏No

15. During 2013, were dairy heifer replacements routinely tested for BVD?

xxxx 1 🞏Yes - continue 3 🞏No – Go to Item 17

16. Which of the following samples were tested?

|  |
| --- |
| a. Individual ear notch |
| b. Pooled ear notch |
| c. Individual serum sample |
| d. Pooled serum samples . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |
| e. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

17. During 2013, were any preweaned heifers housed or reared on this operation?

xxxx 1 🞏Yes - continue 3 🞏No – Go to Section 4

18. During 2013, what percent of preweaned dairy heifer calves received the following

liquid diets prior to weaning? **Percent**

|  |  |  |
| --- | --- | --- |
| a. Nonmedicated milk replacer . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx  % |
| b. Medicated milk replacer | + | xxxx  % |
| c. Unpasteurized saleable or non-saleable waste milk | + | xxxx  % |
| d. Pasteurized saleable or non-saleable waste milk. . . . . . . . . . . | + | xxxx  % |
| e. Other (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | + | xxxx  % |

**TOTAL** [will be greater than 100% if calves received more than one diet]  **= ≥100%**

**[If Item 18a and 18b both equal zero, go to Item 21; otherwise continue]**

**Complete either Item 19 OR Item 20.**

|  |  |  |
| --- | --- | --- |
| **Percent of Protein** | **AND** | **Percent of Fat** |
| xxxx  % |  | xxxx  % |

19. What percent of protein and fat was in the milk replacer fed to the majority

of dairy heifers in 2013?

**OR**

|  |
| --- |
| **Percent Total Solids** |
| xxxx  % |

20. What was the percent of total solids of the combination of milk replacer and milk that

was fed to the majority of calves in 2013?

**SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT**

21. During 2013, how many times per day was milk or milk replacer routinely fed to calves? (Check one)

xxxx

1 Once daily

2 Twice daily

3 Three times daily

4 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |
| --- |
| **Quarts** |
| xxxx |

22. During 2013, how many quarts of milk or milk replacer were routinely fed to each

calf at each feeding?

23. During 2013, did this operation modify the amount of milk or milk replacer fed

depending on the age or size of calf? xxx 1 🞏Yes 3 🞏No

24. What percent of calves were fed milk or milk replacer using the following equipment? **Percent**

|  |  |  |
| --- | --- | --- |
| a. Bottle |  | xxxx  % |
| b. Bucket | + | xxxx  % |
| c. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | + | xxxx  % |

**TOTAL** [will be greater than 100% if calves are fed with multiple methods] **= ≥100%**

25. Which one of the following methods best describes how the milk feeding equipment was managed

during 2013? (Check one)

xxxx

1 Rinsed with water **after each feeding**

2 Rinsed with water once daily

3 Cleaned and disinfected **after each feeding**

4 Cleaned and disinfected daily

5 Cleaned and disinfected less often than daily

6 Cleaned and disinfected after the dairy heifers were weaned and moved

7 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

26. During 2013, what percent of preweaned dairy calves received the following medications in milk replacers?

**Percent**

|  |  |  |
| --- | --- | --- |
| a. Aureomycin® (Chlortetracycline). . . Land o lakes |  | xxxx  % |
| b. Terramycin® (Oxytetracycline) |  | xxxx  % |
| c. NT, Neo-Terra® , Neo-Oxy (Neomycin and Oxytetracycline) |  | xxxx  % |
| d. Deccox® (Decoquinate). . . . . . . . . . . |  | xxxx  % |
| e. Bovatec® (Lasalocid) |  | xxxx  % |
| f. Other (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  | xxxx  % |

27. During 2013, what was the average age in days of dairy heifers when they were first offered:

**Days**

|  |  |  |
| --- | --- | --- |
| a. Water? |  | xxxx |
| b. Starter grain or other concentrates? |  | xxxx |
| c. Hay or other roughages? |  | xxxx |

**SECTION 3 – COLOSTRUM & PREWEANED CALF MANAGEMENT**

|  |  |  |
| --- | --- | --- |
| **Days** |  | **Weeks** |
| xxxx | **OR** | xxxx |

28. What was the average age, in days or weeks, that dairy

heifers were weaned during 2013?

29. During 2013, which one of the following was the primary factor used to determine the time of weaning for heifer calves?

xxxx

1 Consumed at least 2 pounds of starter for 3 consecutive days

2 Reached the target weaning age

3 Reached the target weaning weight

4 Needed the space for other preweaned calves

5 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**SECTION 4 – FEEDING & PREVENTATIVE PRACTICES**

1. During 2013, did this operation feed **any** of the following feeds to lactating or dry cows, and if so, was the feed

acquired from an outside source?

|  |  |  |
| --- | --- | --- |
| **Feed type** | **Fed** during 2013? | **Acquired** from an outside source? |
| a. Alfalfa hay/haylage | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| b. Corn silage | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| Other silages | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| c. Clover as forage or pasture | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| d. Cottonseed – whole, meal, or hulls | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| e. Soybeans – whole, meal, or hulls | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| g. Bakery byproducts | xxxx  1 🞏Yes 3 🞏No |  |
| h. Distillery/Brewery byproducts | xxxx  1 🞏Yes 3 🞏No |  |
| i. Corn – whole, meal, cracked, flaked | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| j. Barley | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| k. Wheat, excluding silage | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| l. Oats, excluding silage | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| m. Greenchop | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| n. Straw | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| o. Sorghum | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| p. Beet pulp | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| q. Feather/poultry meal | xxxx  1 🞏Yes 3 🞏No |  |
| r. Fish meal | xxxx  1 🞏Yes 3 🞏No |  |
| s Fat/tallow | xxxx  1 🞏Yes 3 🞏No |  |
| t. Porcine meat and bone meal | xxxx  1 🞏Yes 3 🞏No |  |
| u. Blood meal | xxxx  1 🞏Yes 3 🞏No |  |
| Other (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |

2. For purchased feeds, did this operation forward contract any feeds? xxxx 1 🞏Yes 3 🞏No

**SECTION 4 – FEEDING & PREVENTATIVE PRACTICES**

3. During 2013, which one of the following best describes the feed line used for the majority of **lactating** cows?

xxxx

1 Head locks/fence line stanchion

2 Tie stall

3 Stanchion

4 Post and rail

5 Elevated feed bunk in pen

6 Other (Specify: xxxx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

4. Which of the following describes how lactating cows were fed?

xxxx

a. Feed all lactating cows the same ration xxxx 1 🞏Yes 3 🞏No

b Feed individuals or groups based on production/stage of lactation xxxx 1 🞏Yes 3 🞏No

c Feed individuals or groups based on lactation number (e.g.1st lactation versus multiple) xxxx 1 🞏Yes 3 🞏No

d Other (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) xxxx 1 🞏Yes 3 🞏No

5. Which one of the following best describes who was primarily responsible for balancing feed rations fed to dairy cows?

xxxx

1 Employee (non-veterinarian)

2 Independent nutritionist

3 Feed company nutritionist

4 Veterinarian

5 Operator/owner

6 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

6. During 2013, did this operation use forage test results to balance feed rations? xxxx 1 🞏Yes 3 🞏No

7. Did this operation feed a total mixed ration (TMR)?  xxxx 1 🞏Yes 3 🞏No

8. Did this operation use a feed management program during 2013?

xxxx 1 🞏Yes - Continue 3 🞏No – Go to Item 10

9. During 2013, which of the following feed management programs was primarily used on this operation?

xxxx

1 EZfeed®

2 Feed Supervisor®

3 Feed Watch®

4 TMR Tracker®

5 Other (Specify: xxxx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

10. Did this operation separate close-up cows from other dry cows? xxxx 1 🞏Yes 3 🞏No

11. Which one of the following best describes this operation’s use of milk urea nitrogen (MUN)

testing to determine ration composition?

xxxx

1 Use routinely

2 Use only if there is a problem

3 Never use

14. During 2013, which of the following best describes how frequently leftover feed (weigh backs) from older cattle

were fed back to younger heifers?

xxxx

1 Daily or weekly

2 A couple of times a month

3 Less than monthly

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4 Never  **SECTION 4 – FEEDING & PREVENTATIVE PRACTICES**  15. During 2013, did any cows ever drink from: |  | **How many times**  **per year were water**  **sources drained**  **and cleaned?**  **IF YES:**  (Times) | | |
| a. A single cup/bowl waterer used by multiple cows? | xxxx  1 🞏Yes 3 🞏No | | xxxx |
| b. A water tank or trough (covered or uncovered)? | xxxx  1 🞏Yes 3 🞏No | | xxxx |
| c. A lake, pond, stream, river, etc.? | xxxx  1 🞏Yes 3 🞏No | |  |
| d. Another source? (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  1 🞏Yes 3 🞏No | | xxxx |

16. During 2013, what percent of cattle received water from the following water sources?

**Percent**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Ground water (well). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | |  | | xxxx  % |
| b. Surface water (ponds, lakes, streams) | | + | | xxxx  % |
| c. Municipal water supply (treated water) | | + | | xxxx  % |
| **TOTAL** [will be greater than 100% if more than one water source]  **=** | |  | **≥100%** | |

17. During 2013, did this operation perform any water quality testing (e.g., bacteria, minerals, etc.) of cattle drinking water?

xxxx 1 🞏Yes - Continue 3 🞏No – Go to Item 19

18. Did the results of the water testing lead to changes to improve the quality?

xxxx

1 🞏Yes 3 🞏No

19. Please list the brand names of all vaccines administered during 2013 to heifer classes and cows in the table below (Be as specific as possible):

|  |  |  |  |
| --- | --- | --- | --- |
| **Preweaned dairy heifers** | **Weaned dairy heifers** | **Pregnant dairy heifers** | **Dairy cows** |
| No preweaned heifers on farm during 2013?xxxx  1🞏Skip to next column | No weaned heifers on farm during 2013?xxxx  1🞏Skip to next column | No pregnant heifers on farm during 2013?xxxx  1🞏Skip to next column |  |
| xxxx 1 No vaccines  administered | xxxx 1 No vaccines  administered | xxxx 1 No vaccines  administered | xxxx 1 No vaccines  administered |
| xxxx | xxxx | xxxx | xxxx |
| xxxx | xxxx | xxxx | xxxx |
| xxxx | xxxx | xxxx | xxxx |
| xxxx | xxxx | xxxx | xxxx |
| xxxx | xxxx | xxxx | xxxx |
| xxxx | xxxx | xxxx | xxxx |
| xxxx | xxxx | xxxx | xxxx |

**SECTION 4 – FEEDING & PREVENTATIVE PRACTICES**

20. During 2013, were any dairy cows vaccinated against rabies? xxxx 1 🞏Yes 3 🞏No

21. Are all dairy cows vaccinated against BVD annually? xxxx 1 🞏Yes 3 🞏No 4 🞏NA

22. During 2013, did this operation normally use the following preventative practices for heifers or cows?

|  |  |  |
| --- | --- | --- |
| **Preventative practice** | **Heifers** | **Cows** |
|  | No heifers on farm during 2013?  xxxx  1🞏Skip to next column |  |
| a. Dewormers | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| b. Rumensin®, Bovatec®  in feed (Ionophores) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| c. Vitamin A-D-E (injectable or feed additive) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| d. Selenium (injectable or feed additive) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| e. Probiotics | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| f. Anionic salts | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |

**SECTION 5 – HOUSING**

1. Which of the housing types listed below was the primary housing type used during 2013 for each of the following classes

of cattle while on this operation?

|  |  |
| --- | --- |
| **Housing type codes** | |
| 1 = Individual outside hutch/pen | 7 = Freestall with access to open lot |
| 2 = Individual inside hutch/pen – warm  (heated) calf barn | 8 = Open lot/multiple animal outside area without barn or shed (with or without shade structures) |
| 3 = Individual inside hutch/pen – cold  (nonheated) calf barn | 9 = Open lot with open shed/loafing shed |
| 4 = Tie stall or stanchion | 10 = Multiple animal inside area/barn |
| 5 = Pasture | 11 = Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 6 = Freestall with no access to open lot | 12 = Not housed on this operation |

**Code**

|  |  |  |
| --- | --- | --- |
| a. Preweaned dairy heifers . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| b. Weaned dairy heifers |  | xxxx |
| c. Pregnant dairy heifers |  | xxxx |
| d. Lactating cows . . . . . . . . . . |  | xxxx |
| e. Dry cows |  | xxxx |

**[If Item 1a = 1, continue; otherwise, go to Item 3]**

**SECTION 5 – HOUSING**

2. Were preweaned heifers provided extra bedding and/or a wind break during the winter months? xxxx 1 🞏Yes 3 🞏No

3. Was maternity housing separate from housing used for lactating dairy cows? xxxx 1 🞏Yes 3 🞏No

4. During 2013, what was the primary milking facility used on this operation? (Check one)

xxxx

1 Parlor milking facilities

2 Tie stall or stanchion barn milking facilities

3 Other type of milking facility (Specify: xxxx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**[If Item 4 = 1, continue; otherwise go to Item 6]**

5. Which one of the following best describes the parlor? (Check one)

xxxx

1 Side opening (tandem)

2 Herringbone (fishbone)

3 Parallel (side by side)

4 Parabone (herringbone/parallel hybrid)

5 Swing

6 Rotary (carousel)

7 Flat barn

8 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

6. During 2013, were the following classes of cattle allowed on pasture owned or operated by this operation?

|  |  |
| --- | --- |
| **Animal type** | Allowed on **pasture** during 2013? |
| a. Weaned heifers xxxx 1 No weaned heifers on farm in 2013 | xxxx  1 🞏Yes 3 🞏No |
| b. Pregnant heifers xxxx 1 No pregnant heifers on farm in 2013 | xxxx  1 🞏Yes 3 🞏No |
| c. Lactating cows | xxxx  1 🞏Yes 3 🞏No |
| d. Dry cows  xxxx 1 No dry cows on farm in 2013 | xxxx  1 🞏Yes 3 🞏No |

**For the next couple of questions, “outside area” refers to areas without permanent roof structures but can have permanent shade structures.**

7. Which of the following best describes the primary **outside** area that **lactating** cows routinely had access to during the

summer and winter seasons? (Enter only one code for each season.)

|  |  |
| --- | --- |
| **Outside area codes** (Items 7 & 8) | |
| 1 = Pasture | 4 = No outside access |
| 2 = Concrete alleyway or pen | 5 = Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 3 = Open/Dry lot | 6 = No dry cows on farm in 2013 |

**Code**

|  |  |  |
| --- | --- | --- |
| a. Summer season . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| b. Winter season |  | xxxx |

**SECTION 5 – HOUSING**

8. Which of the codes above best describes the primary **outside** area that **dry** cows routinely had access to during the

summer and winter seasons? (Enter only one code for each season.)

**Code**

|  |  |  |
| --- | --- | --- |
| a. Summer season . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| b. Winter season |  | xxxx |

9. Which of the following is the predominant flooring type that lactating cows stand or walk on when not being milked,

excluding concrete adjacent to the feed bunk? (Check one)

xxxx

1 Concrete – groove/textured

2 Concrete – slat

3 Concrete – smooth

4 Pasture

6 Dirt

7 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

10. Did any of the following areas have rubber belting or similar flooring that reduced the time cows spend standing directly

on concrete?

|  |
| --- |
| a Adjacent to feed bunk . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . xxxx 1 🞏Yes 3 🞏No |
| b. Freestall alleyways xxxx 1 🞏Yes 3 🞏No |
| c. Walkway to parlor xxxx 1 🞏Yes 3 🞏No |
| d. Holding pen xxxx 1 🞏Yes 3 🞏No |
| e. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) xxxx 1 🞏Yes 3 🞏No |

11. Which one of the following best describes the surface moisture of the ground or flooring that lactating cows stand on most of the time in the summer and winter seasons?

|  |  |
| --- | --- |
| **Surface moisture codes** | |
| 1 = Usually dry | 3 = Almost always wet but no standing water |
| 2 = Wet about half the time | 4 = Usually standing water or slurry |

**Code**

|  |  |  |
| --- | --- | --- |
| a. Summer season . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |  | xxxx |
| b. Winter season |  | xxxx |

**SECTION 5 – HOUSING**

12. During the summer months in 2013, were the following heat abatement methods provided to **lactating** or **dry** cows?

|  |  |  |
| --- | --- | --- |
| **Heat abatement methods** | **Lactating cows** | **Dry cows** |
|  | 🞏 No dry cows on farm during 2013?  xxxx |
| a. Covered structure/building (e.g., barn, shed) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| b. Shade (other than covered structure/building) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| c. Sprinklers or misters | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| d. Fans | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| e. Tunnel ventilation | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |
| f. Other (Specify: Lactating xxxx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Dry xxxx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No |

13. During 2013, were the following bedding types used for **lactating** or **dry** cows?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Bedding types** | **Lactating cows** | Primary  bedding for **Lactating** cows during 2013?  (Check one) | **Dry cows** | Primary  bedding for **Dry** cows during 2013?  (Check one) |
|  | 🞏 No dry cows on farm during 2013?  xxxx |
| a. Straw and/or hay | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| b. Sand | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| c. Sawdust/wood products | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| d. Composted manure | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| e. Dried manure | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| f. Rubber mats | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| g. Shredded newspaper | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| h. Mattresses | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| i. Corn cobs and stalks | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| j. Waterbeds | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| k. None – housed only on dirt/pasture | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| l. Other  (Specify: Lactating xxxx\_\_\_\_\_\_\_\_\_\_\_\_\_)  Dry xxxx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |

**SECTION 6 – ADVERSE DRUG REACTIONS**

1. During 2013, did any cows experience an adverse drug reaction to any injection of a vaccine, antibiotic, vitamin, etc?

(**Include** reactions such as hives, collapsing, abortion, lumps or swelling in the injection area, etc.)

xxxx 1 🞏Yes - Continue 3 🞏No – Go to Section 9

2. Of the (item 1) cows that experienced adverse reactions, did any display the following clinical signs?

|  |
| --- |
| a. Collapse xxxx 1 🞏Yes 3 🞏No |
| b. Hives xxxx 1 🞏Yes 3 🞏No |
| c. Abortion xxxx 1 🞏Yes 3 🞏No |
| d. Lump or swelling in the location of injection xxxx 1 🞏Yes 3 🞏No |
| e. Loss of milk production xxxx 1 🞏Yes 3 🞏No |
| f. Lack of product efficacy xxxx 1 🞏Yes 3 🞏No |
| g. Fever xxxx 1 🞏Yes 3 🞏No |
| h. Lethargy xxxx 1 🞏Yes 3 🞏No |
| i. Respiratory distress? Ask CVB distress vs disease xxxx 1 🞏Yes 3 🞏No |
| j. Infertility xxxx 1 🞏Yes 3 🞏No |
| k. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) xxxx 1 🞏Yes 3 🞏No |

3. Were any of the cows with adverse reactions examined by a veterinarian? xxxx 1 🞏Yes 3 🞏No

4. Did this operation report any of the adverse reactions to:

|  |
| --- |
| a. A Veterinarian? xxxx 1 🞏Yes 3 🞏No |
| b. A Manufacturer? xxxx 1 🞏Yes 3 🞏No |
| c. USDA’s Center for Veterinary Biologics? xxxx 1 🞏Yes 3 🞏No |
| d. FDA’s Center for Veterinary Medicine? xxxx 1 🞏Yes 3 🞏No |
| e. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) xxxx 1 🞏Yes 3 🞏No |

**SECTION 7 – USE OF VETERINARIANS**

1. During 2013, did this operation work with or consult a veterinarian?

xxxx 1 🞏Yes – Continue  3 🞏No – Go to Section 8

2. During 2013, how frequently was the veterinarian on this operation?

xxxx

1 Daily

2 Weekly

3 Monthly

4 Less than monthly

**SECTION 7 – USE OF VETERINARIANS**

3. Did your veterinarian design protocols or provide services in the following areas during 2013?

|  |  |  |  |
| --- | --- | --- | --- |
| **Areas** | **Designed Protocols?** | **Provided Services?** | **Which are the most important services that your veterinarian provided to your operation? (choose no more than 3)** |
| a. Nutrition (ration balancing etc.)? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| b. Calving management? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| c. Newborn calf care and colostrum  management? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| d. Reproductive management? (breeding  protocols, pregnancy exams) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| e. Lameness management? (hoof  trimming, lameness evaluation) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| g. Transition cow management? (blood  testing) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| h. Biosecurity for new herd  additions? (testing, vaccination, etc.) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| i. Disease monitoring | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| i. Disease diagnosis and/or  treatment? (Sick cow examinations) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| j. Perform routine LDA surgeries? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No 4 🞏No DA’s | xxxx  1 |
| k. Drug sales? |  | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| l. Milking management? (milking  procedures, mastitis detection, equipment testing) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| m. Animal handling and welfare (pain management, euthanasia, handling non-ambulatory cattle, lameness) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| n. Facility design (Stalls, flooring, ventilation, lighting, heat abatement, bunk management, pens) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| o. Milk and meat drug residue avoidance? (managing withdrawal times, testing) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| p. Employee training? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| q. Dehorning? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| r. Vaccinations? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| s. Necropsy of cattle? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| t. Emergency services (e.g. calving difficulty)? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| u. Records evaluation and consultation? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| v Input on culling decisions? | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |
| w. Other?  (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  1 🞏Yes 3 🞏No | xxxx  1 🞏Yes 3 🞏No | xxxx  1 |

**SECTION 7 – USE OF VETERINARIANS**

4. Where did you purchase the majority of the prescription veterinary drugs used during 2013?

xxxx

1 Directly from your regular herd veterinarian?

2 Directly from a farm/ranch or feed store?

3 Drugs are mailed / delivered to you from a drug distributor as directed by your herd veterinarian

4 Drugs are mailed / delivered to you from a drug distributor as directed by a veterinarian who isn’t your regular herd veterinarian

5 Drugs are mailed / delivered to you from a drug distributor without a veterinarian’s involvement

6 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

5. Where did you purchase the majority of the non-prescription (over the counter) veterinary drugs used during 2013?

xxxx

1 Directly from your regular herd veterinarian?

2 Directly from a farm/ranch or feed store?

3 Drugs are mailed / delivered to you from a drug distributor as directed by your herd veterinarian

4 Drugs are mailed / delivered to you from a drug distributor as directed by a veterinarian who isn’t your regular herd veterinarian

5 Drugs are mailed / delivered to you from a drug distributor without a veterinarian’s involvement

6 Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**SECTION 8 – MANAGEMENT OF NONAMBULATORY CATTLE AND EUTHANASIA**

**Nonambulatory cattle are those that are unable to stand for any period of time. This includes cattle that are temporarily unable to stand (such as milk fever cases or cows with leg injuries). Nonambulatory cattle also include ‘Downer’ animals, whether these animals die or recover.**

1. During 2013, did this operation have written guidelines or procedures for handling nonambulatory cattle?

xxxx 1 🞏Yes  3 🞏No

|  |
| --- |
| **Head** |
| xxxx |

2. How many dairy cows became nonambulatory during 2013?

**[If Item 2 = zero, go to Item 7; otherwise, continue]**

3. How many hours after becoming nonambulatory were cows offered or provided the following?

|  |  |
| --- | --- |
|  | **Hours** |
|  | xxxx |
|  | xxxx |
|  | xxxx |

|  |
| --- |
| a. Food? |
| b. Water? |
| c. Shelter? |

**Not Offered**

xxxx

1

xxxx

1

xxxx

1

4. During 2013, was assistance offered to nonambulatory cows to help them rise (e.g., hoist or flotation tank)?

xxxx 1 🞏Yes  3 🞏No

5. Of that cows that became nonambulatory during 2013, what percent had the following outcomes?

|  |  |
| --- | --- |
|  | **Percent** |
|  | xxxx  % |
|  | xxxx  % |
|  | xxxx  % |
|  | xxxx  % |
|  | xxxx  % |

|  |
| --- |
| a. Recovered? |
| b. Were euthanized? |
| c. Slaughtered for home consumption? |
| d. Died? |
| e. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  |

**TOTAL = 100%**

**SECTION 8 – MANAGEMENT OF NONAMBULATORY CATTLE AND EUTHANASIA**

|  |  |  |
| --- | --- | --- |
| **Hours** |  | **Days** |
| xxxx | **OR** | xxxx |

**[If Item 5b is greater than zero, continue; otherwise go to item 7]**

6. On average, how many hours or days after being recognized as a downer

were the cows euthanized?

7. During 2013, did this operation have written guidelines or procedures for euthanizing cattle? xxxx 1 🞏Yes 3 🞏No

8. Which of the following personnel were responsible for performing euthanasia? (Check all that apply)

|  |  |
| --- | --- |
| **Personnel** | **Performed Euthanasia** |
| xxxx  1 🞏No Euthanasia in 2013 |
| a. Owner | xxxx  1 🞏Yes 3 🞏No |
| b. Manager or Herdsperson | xxxx  1 🞏Yes 3 🞏No |
| c. Other employees | xxxx  1 🞏Yes 3 🞏No |
| d. Veterinarian | xxxx  1 🞏Yes 3 🞏No |
| e. Rendering company | xxxx  1 🞏Yes 3 🞏No |
| f. University or Extension agents | xxxx  1 🞏Yes 3 🞏No |
| g. Other (Specify: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | xxxx  1 🞏Yes 3 🞏No |

9. What was the primary method of euthanasia for heifers and cows?

|  |  |
| --- | --- |
| **Method of Euthanasia Code** | |
| 1 = Gunshot | 4 = Other (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 2 = Captive bolt | 5 = Not applicable – this class of cattle not  euthanized |
| 3 = Lethal injection (e.g., barbiturates)  (Specify drug: xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Preweaned Heifers**  (Code) |  | **Weaned Heifers**  (Code) |  | **Cows**  (Code) |
| xxxx |  | xxxx |  | xxxx |

10. During 2013, which of the following practices were in place to ensure death has occurred after euthanasia?

|  |
| --- |
| a. Lack of corneal reflex (touch eye)? |
| b. Lack of heartbeat? |
| c. Lack of breathing? |
| d. Lack of movement? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . |
| e. Other? (Specify:  xxxx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| f. None? |

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

xxxx 1 🞏Yes 3 🞏No

Section 9—Nutrient Management

1. Are the following manure-handling methods used in

cow and weaned-heifer housing areas?

**Weaned-Heifer Areas**

If heifers not kept on

operation, check

here and leave

**Cow Areas** column blank: \_\_\_\_\_

a. Manure left on pasture S233/243 🞏1 Yes🞏2 N/A🞏3 No 🞏1 Yes🞏2 N/A🞏3 No

b. Dry lot scraped S234/244 🞏1 Yes🞏2 N/A🞏3 No 🞏1 Yes🞏2 N/A🞏3 No

c. Gutter cleaner S235/245 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

d. Alley scraper (mechanical or

tractor) S236/246 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

f. Alley flush with recycled water S238/248 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

g. Slotted floor S239/249 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

h. Bedded pack (manure pack) S240/250 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

i. Manure vacuum S241/251 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

j. Other (specify: \_\_\_\_\_\_\_)S242OTH S242/252 🞏1 Yes🞏3 No 🞏1 Yes🞏3 No

***If Items 1b-j all checked NO, SKIP to Item 15??.***

2. Of the manure-handling methods used in the previous

question, which one **best** describes how the **majority**

of manure is handled? S253/254 \_\_\_\_\_ letter \_\_\_\_\_ letter

**Cow area Weaned-heifer area**

*(Enter letter that corresponds with response, i.e., “a” for Manure left on*

*pasture, “c” for Gutter cleaner, etc.)*

3. Are the following waste-storage or treatment systems used on this operation?

a. Store in manure spreader (spread on a daily or almost daily basis) S255 🞏1 Yes🞏3 No

b. Below-floor slurry or deep pit S256 🞏1 Yes🞏3 No

c. Slurry stored in tank (either above or below ground) S257 🞏1 Yes🞏3 No

d. Slurry or liquid manure stored in earthen basin and NOT treated S258 🞏1 Yes🞏3 No

e. Treatment lagoon–Not mechanically aerated S259 🞏1 Yes🞏3 No

f. Treatment lagoon–Mechanically aerated S260 🞏1 Yes🞏3 No

g. Manure pack (inside barn) S261 🞏1 Yes🞏3 No

h. Outside storage for solid manure not in dry lot or pen S262 🞏1 Yes🞏3 No

i. Outside storage for solid manure within dry lot or pens S263 🞏1 Yes🞏3 No

j. Storage of solid manure in a building without cattle access S264 🞏1 Yes🞏3 No

k. Storage of solid manure with picket dam S265 🞏1 Yes🞏3 No

l. Composted (actively managed to produce a composted material) S266 🞏1 Yes🞏3 No

m. Collection of methane/biogas S267 🞏1 Yes🞏3 No

n. Solid separator S268 🞏1 Yes🞏3 No

o. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)S269OTH S269 🞏1 Yes🞏3 No

Section 9—Nutrient Management

4. Of the storage or treatment systems used in the previous question,

which one **best** describes the storage and treatment of the **majority** of:

a. Solid manure? S270 \_\_\_\_\_ letter

b. Liquid or slurry manure? S271 \_\_\_\_\_ letter

*(Enter letter that corresponds with response (i.e., “a” for Store in manure spreader,*

*“b” for Below-floor slurry, etc., or put N/A if the manure type is not stored or treated.)*

5. Assuming your facility was completely emptied of manure, and it was

operating at full animal capacity, how many days could you operate

and store manure before manure must be removed from the

storage facility?

S272/273/274 \_\_\_\_\_ **OR** \_\_\_\_\_ **OR** \_\_\_\_\_

**Days Months Years**

6. Did this operation make use of manure by:

a. Applying manure to land either owned or rented? S275 🞏1 Yes 🞏3 No

b. Selling it or receiving other compensation? S276 🞏1 Yes🞏3 No

c. Giving it away? S277 🞏1 Yes🞏3 No

d. Using composted manure as bedding? S278 🞏1 Yes🞏3 No

e. Other? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)S279OTH S279 🞏1 Yes🞏3 No

7. Of the manure uses described in the previous question,

which one **best** describes the use of the **majority** of:

a. Solid manure? S280 \_\_\_\_\_ letter

b. Liquid or slurry manure? S281 \_\_\_\_\_ letter

*(Enter letter that corresponds with response (i.e., “a” for Apply manure to land,*

*“b” for Sell it or receive, etc., or put N/A if that manure type is not used.)*

***If Item 7a = NO (manure is not applied to land), SKIP to Item 15??.***

8. Are the following methods used to apply manure/slurry to land owned

or rented by this operation?

a. Broadcast/solid spreader S282 🞏1 Yes🞏3 No

b. Surface application by tank wagon or tank truck S283 🞏1 Yes🞏3 No

c. Subsurface injection by tank wagon, tank truck, or tractor S284 🞏1 Yes🞏3 No

d. Irrigation/sprinkler S285 🞏1 Yes🞏3 No

e. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)S286OTH S286 🞏1 Yes🞏3 No

9. Is manure/slurry incorporated into the soil within 24 hours after application?

*(Check one only.)*

🞏1 Always or almost always

🞏2 Sometimes

🞏3 Never S287

10. During 2013, has the nutrient content of manure been analyzed for:

a. Nitrogen? S288 🞏1 Yes🞏3 No

b. Phosphorus? S289 🞏1 Yes🞏3 No

c. Potassium? S290 🞏1 Yes🞏3 No

Section 9—Nutrient Management

11. Are the following used to determine how much or how frequently manure

is applied to the land?

a. Crop nitrogen requirement S291 🞏1 Yes🞏3 No

b. Crop phosphorus requirement S292 🞏1 Yes🞏3 No

c. Manure volume/acreage available S293 🞏1 Yes🞏3 No

d. Soil quality improvement S294 🞏1 Yes🞏3 No

e. Other criteria (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)S295OTH S295 🞏1 Yes🞏3 No

12. What was the minimum distance between where manure was

applied and any surface water such as a lake, pond, stream,

or river during 2013? S296/297 \_\_\_\_\_ **OR** \_\_\_\_\_

**Feet Miles**

13. Which of the following best describes how often **liquid** manure is

applied to owned or rented land, by season:

*(Enter one code only for each season.)*

**Codes:**

1 = Daily

2 = Weekly

3 = 2 to 3 times a month

4 = Monthly or less often

5 = Not spread during this season S298/299/300/301 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Spring Summer Fall Winter**

14. Which of the following best describes how often **solid** manure is

applied to owned or rented land, by season:

*(Enter one code only from Item 13 for each season.)*

S302/303/304/305 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

**Spring Summer Fall Winter**

15. Was manure applied to the following actively growing plants during 2013:

a. Pasture or hay crop? S306 🞏1 Yes🞏3 No

b. Forage to be ensiled? S307 🞏1 Yes🞏3 No

c. Other forage crops? S308 🞏1 Yes🞏3 No

d. Grain or oilseed crops? S309 🞏1 Yes🞏3 No

e. Other crops? (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)S310OTH S310 🞏1 Yes🞏3 No

16. Does this operation have a **written** plan that addresses nutrient

management such as land treatment practices or manure

storage structures? S311 🞏1 Yes🞏3 No

If YES, was the plan:

a. Developed in cooperation with the USDA Natural Resource

Conservation Service (NRCS) or a local conservation district? S312 🞏1 Yes🞏3 No

b. Implemented to help satisfy a State or local regulatory requirement? S313 🞏1 Yes🞏3 No

c. Part of USDA voluntary cost share program? S314 🞏1 Yes🞏3 No

Section 9—Nutrient Management

17. Did this operation consulted with any of the following about nutrient

management during 2013?

a. University/extension personnel S315 🞏1 Yes🞏3 No

b. Private nutrient management consultant S316 🞏1 Yes🞏3 No

c. Natural Resource Conservation Service personnel (NRCS). S317 🞏1 Yes🞏3 No

d. State or local department of natural resources personnel S318 🞏1 Yes🞏3 No

e. State or local department of agriculture personnel S319 🞏1 Yes🞏3 No

f. Agronomist/crop consultant S320 🞏1 Yes🞏3 No

g. Consulting nutritionist S321 🞏1 Yes🞏3 No

h. Environmental engineering consultant S322 🞏1 Yes🞏3 No

i. Private veterinary practitioner S323 🞏1 Yes🞏3 No

j. Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)S324OTH S324 🞏1 Yes🞏3 No

18. Which of the following best describes how you would classify or how

this operation is classified regarding Concentrated Animal Feeding

Operations (CAFOs) under current federal EPA guidelines:

*(Check one only.)*

🞏1 Never heard of CAFO

🞏2  Have heard of CAFO, but unsure how my operation is or will be classified

🞏3  My operation **is not** or will likely **not** be classified as a CAFO

🞏4 My operation is or will likely be classified as a CAFO

**SECTION 10 – CONCLUSION**

|  |  |  |
| --- | --- | --- |
| **Survey results** can be found by accessing [www.aphis.usda.gov/animal\_health/nahms/](http://www.aphis.usda.gov/animal_health/nahms/)  Would you prefer to receive reports as hard copies via the mail? . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |
| 0099 | 1 Yes 3 No |
| 1. Request signature on **CONSENT FORM** for operations completing this questionnaire. | | |
|  | | |
| 2. If **CONSENT FORM** is signed, provide comments below to describe the respondent location  and any other comments that will be helpful for future contact. | | |

|  |  |  |
| --- | --- | --- |
| 3. ENTER INTERVIEW RESPONSE CODE | |  |
|  | 1 - No dairy cows on January 1, 2014; not eligible for this survey  2 - Out of business  3 - Refusal of General Dairy Management Questionnaire  4 - Complete: signed VMO consent  5 - Complete: refused VMO consent  6 - No dairy cows but other cattle and calves on January 1, 2014; complete Cattle Report  7 - Out of scope for General Dairy Management Questionnaire  8 - Office hold  9 - Inaccessible | **Code** |
| 2000 |
|  |

|  |
| --- |
| **[If Item 3 = 3 or 5, complete Item 4; otherwise SKIP to Ending Time.]** |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. ENTER REFUSAL REASON CODE | |  | |
|  | 1 - Does not want to commit time to the project  2 - Does not want involvement with government veterinarian  3 - Does not have necessary records available  4 - Has participated in too many surveys  5 - Does not want outside people on the dairy operation  6 - A bad time of year due to planting, harvesting, second job, etc.  7 - Currently has or recently had disease problem with herd  8 - Believes that surveys and reports hurt the farmer more than help  9 - Could not get Owner/Contractor permission  10- No reason given, or other miscellaneous reasons | **Code** | |
| 2001 | |
|  | |
| ENDING TIME [MILITARY]. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | | | 2002  \_\_\_ \_\_\_ \_\_\_ \_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Respondent Name: | | | | | 9911  Phone: ( ) | | | | 9910 MM DD YY  Date: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ | |
| **Response** | | **Respondent** | | **Mode** | | **Enum.** | **Eval.** | **Rpt. Unit** | **Office Use for POID** | |
| 1-Comp  2-R  3-Inac  4-Office Hold  5-R – Est  6-Inac – Est  7-Off Hold – Est  8-Known Zero | 9901 | 1-Op/Mgr  2-Sp  3-Acct/Bkpr  4-Partner  9-Oth | 9902 | 1-Mail  2-Tel  3-Face-to-Face  4-CATI  5-Web  6-e-mail  7-Fax  8-CAPI  19-Other | 9903 | 0098 | 0100 | 0921 | 0789  \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ | |
| **Optional Use** | |
| 0407 | 0408 |
| S/E Name | | | | | |  |  | |  |  |