



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# Dairy 2014 VS Visit



National Animal Health  
Monitoring System

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

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

## Section A—Disease Preparedness

1. Which of the following categories best describes how familiar you are with the listed diseases?

	Fairly knowledgeable	Know some basics	Recognized the name, not much else	Haven't heard of it before
a. Foot-and-mouth disease.....V005	<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. Heartwater.....V006	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Bovine spongiform encephalopathy (BSE or mad cow disease).....V007	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Screwworm.....V008	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Johne's disease (paratuberculosis).....V009	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Bluetongue.....V010	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Vesicular stomatitis.....V011	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Anthrax.....V012	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i. <i>Mycoplasma mastitis</i> .....V013	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j. Hemorrhagic bowel syndrome (HBS) (Jejunal hemorrhage syndrome, bloody gut) .....V014	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k. Bovine viral diarrhea (BVD).....V015	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l. <i>Leptospira hardjo bovis</i> .....V016	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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**NAHMS-308  
JUL 2013**

2. Did this operation participate in any of the following kinds of Johne's disease control or certification programs during 2013?
- a. A unique program developed specifically for this operation.....V061 <sub>1</sub> Yes <sub>3</sub> No
  - b. A State-sponsored program.....V062 <sub>1</sub> Yes <sub>3</sub> No
  - c. Other (specify: \_\_\_\_\_)V063OTH.....V063 <sub>1</sub> Yes <sub>3</sub> No

3. Is colostrum from Johne's test-positive cows fed to calves?.....V075 <sub>1</sub> Yes <sub>2</sub> Don't test <sub>3</sub> No

4. If an outbreak of foot-and-mouth disease (or other foreign animal disease) occurred in the United States, how likely would you be to use the following sources to get **information** about the disease?

	<b>Very likely</b>	<b>Somewhat likely</b>	<b>Not likely</b>
a. Other dairy producers.....V017	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Private veterinarian.....V018	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Extension agent.....V019	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Dairy organization or cooperative.....V020	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Magazines.....V021	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Internet.....V022	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. State Veterinarian's office.....V023	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. U.S. Department of Agriculture.....V024	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Television/newspapers.....V025	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Other (specify: _____)V026OTH.....V026	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

5. If you had an animal you suspected of having foot-and-mouth disease (or other foreign animal disease) on your operation, would you contact the following resources?

- a. Extension agent/university.....V027 <sub>1</sub> Yes <sub>3</sub> No
- b. State Veterinarian's office.....V028 <sub>1</sub> Yes <sub>3</sub> No
- c. U.S. Department of Agriculture.....V029 <sub>1</sub> Yes <sub>3</sub> No
- d. Private veterinarian.....V030 <sub>1</sub> Yes <sub>3</sub> No
- e. Feed company or milk cooperative representative.....V031 <sub>1</sub> Yes <sub>3</sub> No
- f. Other (specify: \_\_\_\_\_)V032OTH.....V032 <sub>1</sub> Yes <sub>3</sub> No

6. For each of the following signs associated with a potential herd disease problem, what level of incidence (percentage or number) would need to occur for you contact a veterinarian for assistance?  
(Enter NA if you would never contact a veterinarian for assistance.)

	<b>%</b>	<b>Number</b>
a. Decline in total daily milk production (pounds).....V033/600	_____	OR _____
b. Milk cows exhibiting fever within a short time period .....V034/601	_____	OR _____
c. Milk cows dying within a short time period.....V035/602	_____	OR _____
d. Milk cows aborting within a short time period.....V036/603	_____	OR _____
e. Milk cows showing lameness within a short time period.....V036/603	_____	OR _____
f. Milk cows with excessive drooling.....V036/603	_____	OR _____

7. Are you using any of the following biosecurity practices?
- a. Guidelines to determine who is allowed in animal areas.....V040 <sub>1</sub> Yes <sub>3</sub> No
  - b. Guidelines regarding foreign travel by employees.....V041 <sub>1</sub> Yes <sub>2</sub> No employees <sub>3</sub> No
  - c. Written standard operating procedures (SOPs) (other than milking procedures)? .....V042 <sub>1</sub> Yes <sub>3</sub> No
  - d. Training for employees in performing these practices?.....V043 <sub>1</sub> Yes <sub>2</sub> No employees <sub>3</sub> No
8. During 2013, were records of visitors to this operation maintained? <sub>1</sub> Yes <sub>3</sub> No

9. During 2013, did any of the following make visits to your operation and if so, how many visits were made, and did they have direct contact with animals on your operation?

	Any visits?	Visits/year	Animal contact?
a. Veterinarians	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Milk truck	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Feed delivery	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. Drug suppliers	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
e. Nutritionist	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
f. Contract hauler	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
g. Neighbors	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
h. University extension	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
i. Visitors/tour groups	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
j. Renderer	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
k. Other (specify: _____)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

10. Did you use any of the following practices during 2013?

- a. Footbaths for visitors entering animal areas..... <sub>1</sub> Yes <sub>2</sub> No visitors entered animal areas <sub>3</sub> No
- b. Disposable or clean boots for visitors entering animal areas..... <sub>1</sub> Yes <sub>2</sub> No visitors entered animal areas <sub>3</sub> No
- c. Insect control (such as sprays, foggers, treated ear tags, biological control, products administered to animals [topical/oral], etc.).....V048 <sub>1</sub> Yes <sub>3</sub> No
- d. Rodent control (such as cats, traps, chemical/bait, etc.).....V049 <sub>1</sub> Yes <sub>3</sub> No
- e. Bird control (such as traps, noise, chemical/bait, etc.).....V050 <sub>1</sub> Yes <sub>3</sub> No
- f. Limit cattle contact with other livestock, elk, and deer.....V051 <sub>1</sub> Yes <sub>3</sub> No
- g. Control access to cattle feed by other livestock and wildlife, such as elk, deer, and raccoons.....V052 <sub>1</sub> Yes <sub>3</sub> No
- h. Closed herd (all replacements including bulls are from this operation, no contact with cattle from other operations).....V053 <sub>1</sub> Yes <sub>3</sub> No
- i. Restrictions on vehicles entering animal area.....V054 <sub>1</sub> Yes <sub>3</sub> No
- j. Restrictions on employee livestock ownership outside this operation.....V055 <sub>1</sub> Yes <sub>2</sub> No employees <sub>3</sub> No

11. During 2013, how often did this operation use the same equipment to handle both manure and cattle feed?.....V056 <sub>1</sub> Routinely <sub>2</sub> Rarely <sub>3</sub> Never

If Routinely or Rarely, which best describes cleaning procedures usually used with equipment after handling manure and prior to handling feed?  
(Check one only.)

- <sub>1</sub> Wash equipment with water or steam only
- <sub>2</sub> Chemically disinfect only
- <sub>3</sub> Wash equipment and chemically disinfect
- <sub>4</sub> Other (specify: \_\_\_\_\_)V057OTH
- <sub>5</sub> No procedures used

12. During 2013, did this operation share **any** heavy equipment with other livestock operations (i.e., tractors, feeding equipment, manure spreaders, trailers)?.....V058 <sub>1</sub> Yes <sub>3</sub> No

**[If Question 12 = No, SKIP to Section B.]**

13. During 2013, how many times did this operation share equipment with other operations?.....V059 \_\_\_\_\_ #

14. Which of the following best describes this operation's cleaning procedures of shared equipment prior to use on your operation?  
(Check one only.)

- <sub>1</sub> Wash equipment with water or steam only
- <sub>2</sub> Chemically disinfect only
- <sub>3</sub> Wash equipment and chemically disinfect
- <sub>4</sub> Other (specify: \_\_\_\_\_)V060OTH
- <sub>5</sub> No procedures used

## Section B—Employees

1. On average, how many paid and unpaid people, including owners and family members, are assigned duties directly related to operation of the dairy?  
(Exclude people that work exclusively with crop activities.)

**Number**

- a. Full-time..... V038 \_\_\_\_\_
- b. Part-time..... V039 \_\_\_\_\_

Training Personnel	
1 = Owner	4 = Veterinarian
2 = Manager/herdsperson	5 = University/extension personnel
3 = Other employees	6 = Other (specify: _____)

2. Were employees trained in the following procedures during 2013? If so, enter the code from the table above for the person who was responsible for conducting the trainings.

Procedure	Employee training? <input type="checkbox"/> No employees	Training personnel (Enter code from list above.)
a. Milking	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	
b. Handling/movement of cattle (e.g., flight zones etc.)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	
c. Euthanasia	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> NA <input type="checkbox"/> <sub>3</sub> No	
d. Handling of nonambulatory animals	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	
e. Dehorning	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> NA <input type="checkbox"/> <sub>3</sub> No	
d. Tail docking	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> NA <input type="checkbox"/> <sub>3</sub> No	
e. Castration	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> NA <input type="checkbox"/> <sub>3</sub> No	

**[If Question 2a = No, SKIP to Section C.]**

3. During 2013, how frequently were milkers trained? (Check one only.)

- <sub>1</sub> Trained as new employees only
- <sub>2</sub> 1 to 2 times per year for all milkers
- <sub>3</sub> 3 to 4 times per year for all milkers
- <sub>4</sub> More than 4 times per year for all milkers
- <sub>5</sub> Other (specify: \_\_\_\_\_) V253OTH

4. Which of the following training methods were used on this operation during 2013 for training milkers?

- a. Video training..... V254 <sub>1</sub> Yes <sub>3</sub> No
- b. Discussion/lecture..... V255 <sub>1</sub> Yes <sub>3</sub> No
- c. On-the-job training..... V256 <sub>1</sub> Yes <sub>3</sub> No
- d. Other training (specify: \_\_\_\_\_) V257OTH..... V257 <sub>1</sub> Yes <sub>3</sub> No

## Section C—Milk Quality and Milking Procedures

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1. Which of the following best describes the average bulk tank somatic cell count for milk shipped during 2013? *(Check one only.)*
  - <sub>1</sub> Less than 100,000 cells/mL
  - <sub>2</sub> 100,000 to 199,000 cells/mL
  - <sub>3</sub> 200,000 to 299,000 cells/mL
  - <sub>4</sub> 300,000 to 399,000 cells/mL
  - <sub>5</sub> 400,000 to 499,000 cells/mL
  - <sub>6</sub> 500,000 to 599,000 cells/mL
  - <sub>7</sub> 600,000 cells/mL or greater
  
2. Who milked the majority of cows on this operation during 2013? *(Check one only.)*
  - <sub>1</sub> Owner/operator
  - <sub>2</sub> Family member(s) of owner
  - <sub>3</sub> Hired worker(s) (nonfamily member)
  
3. Which of the following best describes how frequently forestripping occurred on this operation during 2013? *(Check one only.)*
  - <sub>1</sub> Forestrip all cows
  - <sub>2</sub> Forestrip some cows (i.e., with mastitis or fresh cows)
  - <sub>3</sub> Do not forestrip any cows

**[If Question 3 = 3, SKIP to Question 5.]**

4. When was forestripping performed? *(Check one only.)*
  - <sub>1</sub> Prior to teat disinfection
  - <sub>2</sub> After teat disinfection but prior to drying teats
  - <sub>3</sub> After disinfection and/or drying

5. Ask the Producer to briefly describe his/her premilking teat preparation routine from the majority of cows and determine the general method used. After the general method has been determined, pick the specific procedure(s) that are typically used. It is likely that only one specific procedure will be checked.

If more than one procedure is checked, indicate the order in the overall routine.

“Single-use” and “multiple-use” refer to cows, not teats.

PREMILKING TEAT PREPARATION ROUTINE			
General method	Specific procedure	Check all that apply	Order in routine
<b>Wash pen</b>	Wash animals in pen prior to entering parlor	V262	V283
<b>Water hose</b>	With disinfectant	V263	V284
	Without disinfectant	V264	V285
<b>Dry wipe (not to dry teats)</b>	Single-use cloth towel	V265	V286
	Multiple-use cloth towel	V266	V287
	Single-use paper towel	V267	V288
	Multiple use paper towel	V268	V289
<b>Wet wipe</b>	Commercial teat wipes, single use	V269	V290
	Commercial teat wipes, multiple use	V270	V291
	Towel using labeled disinfectant, single use	V271	V292
	Towel using labeled disinfectant, multiple use	V272	V293
	Towel using nonlabeled/homemade disinfectant, single use	V273	V294
	Towel using nonlabeled/homemade disinfectant, multiple use	V274	V295
	Multiple use sponge with disinfectant	V275	V296
<b>Predip</b>	Applied with sprayer using labeled disinfectant	V276	V297
	Applied with sprayer using nonlabeled/homemade disinfectant	V277	V298
	Applied with predip cup using labeled disinfectant	V278	V299
	Applied with predip cup using nonlabeled/homemade disinfectant	V279	V300
	Applied as foam using labeled disinfectant	V280	V301
	Applied as foam using nonlabeled/homemade disinfectant	V281	V302
<b>Other</b>	Other (specify: _____) V282OTH		

6. Which of the following best describes how teats are dried prior to milking in both summer and winter seasons?

(Enter one code only for each season.)

1 = Not applicable—teats not wet prior to milking

2 = Air dry

3 = Single-use cloth towel

4 = Single-use paper towel

5 = Multiple-use cloth towel

6 = Multiple-use paper towel

7 = Other (specify: \_\_\_\_\_).....V304/305

\_\_\_\_\_ code \_\_\_\_\_ code  
**Summer Winter**

7. Which of the following best describes postmilking procedures regarding teat disinfection in both summer and winter seasons?  
(Enter one code only for each season.)

- 1 = Dip teats with labeled postdip product
- 2 = Dip teats with nonlabeled/homemade solution
- 3 = Spray teats with commercial postdip product
- 4 = Foam teats with commercial postdip product
- 5 = Teats covered in commercial powder product
- 6 = None

7 = Other (specify: \_\_\_\_\_) V306OTHV306/307.....

\_\_\_\_\_ code \_\_\_\_\_ code  
**Summer Winter**

8. What premilking and postdip teat disinfectants does this operation use **primarily** during both summer and winter seasons?  
(Write in **one** code for each response for each season. See attached VS Initial Visit Reference Card for brand names.)

- 1 = Iodophor (iodine containing)
- 2 = Chlorhexidine
- 3 = Fatty acid based
- 4 = Quaternary ammonium
- 5 = Phenols
- 6 = Chlorine product

7 = Other (specify: \_\_\_\_\_) V308OTH

8 = None

**Summer Winter**

a. Premilking teat disinfectant..... V308/310

\_\_\_\_\_ code

\_\_\_\_\_ code

b. Postdip teat disinfectant..... V309/311

\_\_\_\_\_ code

\_\_\_\_\_ code

9. Which of the following best describes this operation's use of a barrier teat dip (Blockade™, Uddergold™ 5-star)?  
(Check one only.)

- 1 Used on all cows on this operation all the time
- 2 Used on all cows during winter or adverse weather
- 3 No barrier teat dip used on this operation
- 4 Other (specify: \_\_\_\_\_) V312OTH

10. Did milkers wear latex or nitrile gloves when milking cows during 2013?.....

1 Always  2 Sometimes  3 Never

11. Did this operation use a backflush system in milking units during 2013?..... V314

1 Yes  3 No

**[If Question 11 = No, SKIP to Question 13.]**

12. Was the backflush system currently used for every milking?..... V315

1 Yes  3 No

13. Did this operation use automatic takeoffs?.....

1 Yes  3 No



14. Were clinical mastitis cows generally milked:
- a. Using a separate milking unit from healthy cows?.....V317      <sub>1</sub> Yes    <sub>3</sub> No
  - b. In a separate string from healthy cows? .....V318      <sub>1</sub> Yes    <sub>3</sub> No
15. During 2013, were cows vaccinated for:  
any disease using autogenous vaccines?..... V324      <sub>1</sub> All    <sub>2</sub> Some    <sub>3</sub> None

**[If Question 15 = None, SKIP to Question 17.]**

16. Were autogenous vaccines administered for the following mastitis pathogens?
- a. *Mycoplasma*.....V325      <sub>1</sub> Yes    <sub>3</sub> No
  - b. *Staph. aureus* .....V326      <sub>1</sub> Yes    <sub>3</sub> No
  - c. *E. coli* .....V327      <sub>1</sub> Yes    <sub>3</sub> No
  - d. *Strep. spp*.....V328      <sub>1</sub> Yes    <sub>3</sub> No
  - e. Other (specify: \_\_\_\_\_)V329OTH.....V329      <sub>1</sub> Yes    <sub>3</sub> No

17. During 2013, what was the average cost per cow of vaccinations used for mastitis prevention?      \$ \_\_\_\_\_

18. Were any of the following milk cultures performed during 2013?
- a. Individual cows .....V330      <sub>1</sub> Yes    <sub>3</sub> No
  - b. Bulk-tank milk.....V331      <sub>1</sub> Yes    <sub>3</sub> No
  - c. String samples .....V332      <sub>1</sub> Yes    <sub>3</sub> No

**[If Questions 18a–18c are all No, SKIP to Question 21.]**

19. During 2013, were any of the milk cultures performed by:
- a. Farm personnel, done on farm?.....V333      <sub>1</sub> Yes    <sub>3</sub> No
  - b. A State or university diagnostic laboratory?.....V334      <sub>1</sub> Yes    <sub>3</sub> No
  - c. A commercial lab?.....V335      <sub>1</sub> Yes    <sub>3</sub> No
  - d. A private veterinary lab (veterinary clinic)?.....V336      <sub>1</sub> Yes    <sub>3</sub> No

**[If Question 19a = No (no individual cow milk cultures performed), SKIP to Question 22.]**

20. During 2013, which cows were typically selected for milk culturing?
- a. Fresh cows.....V337      <sub>1</sub> Yes    <sub>3</sub> No
  - b. All clinical cases.....V338      <sub>1</sub> Yes    <sub>3</sub> No
  - c. Chronic clinical cases.....V339      <sub>1</sub> Yes    <sub>3</sub> No
  - d. Clinical cases that did not respond to treatment.....V340      <sub>1</sub> Yes    <sub>3</sub> No
  - e. High somatic cell count cows .....V341      <sub>1</sub> Yes    <sub>3</sub> No
  - f. Other (specify: \_\_\_\_\_)V342OTH.....V342      <sub>1</sub> Yes    <sub>3</sub> No

21. Which of the following organisms were identified from milk cultured during 2013?
- a. *Strep. agalactiae*..... V343 <sub>1</sub> Yes <sub>3</sub> No
  - b. *Staph. aureus*..... V344 <sub>1</sub> Yes <sub>3</sub> No
  - c. *Mycoplasma*..... V345 <sub>1</sub> Yes <sub>3</sub> No
  - d. *E. coli/Klebsiella*/other gram negative..... V346 <sub>1</sub> Yes <sub>3</sub> No
  - e. Coagulase neg staph (*Staph. spp.*) non-*aureus*..... V347 <sub>1</sub> Yes <sub>3</sub> No
  - f. Environmental strep (*Strep. spp.*) non-*agalactiae*..... V348 <sub>1</sub> Yes <sub>3</sub> No

22. Which of the following were responsible for diagnosing mastitis?
- a. Owner ..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Milkers ..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Manager/herdperson..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Other (specify \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

23. During 2013, did your mastitis treatment protocol involve the following:
- a. Intramammary antibiotics?..... <sub>1</sub> Yes <sub>3</sub> No
  - b. Systemic antibiotics?..... <sub>1</sub> Yes <sub>3</sub> No
  - c. Quarter milking?..... <sub>1</sub> Yes <sub>3</sub> No
  - d. Early dry off?..... <sub>1</sub> Yes <sub>3</sub> No
  - e. Movement to a separate milking pen?..... <sub>1</sub> Yes <sub>3</sub> No
  - f. Other? (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

**[If Question 23a = No, SKIP to Question 26.]**

24. During 2013, what was the maximum number of intramammary antibiotic treatment regimens that were used to treat mastitis in an individual cow before discontinuing antibiotic treatment? \_\_\_\_\_ #

**[If Question 24 = 1, SKIP to Question 26.]**

25. Were different antibiotics used for successive courses?..... <sub>1</sub> Yes <sub>3</sub> No

26. During 2013, what was the average cost of the following to treat a single case of clinical mastitis (include the entire treatment regime which may have been multiple days)?
- a. Intramammary antibiotics..... \$ \_\_\_\_\_
  - b. Systemic antibiotics..... \$ \_\_\_\_\_
  - c. Other drugs (e.g., Banamine, etc.)..... \$ \_\_\_\_\_
  - d. Labor costs..... \$ \_\_\_\_\_
  - e. Veterinary services..... \$ \_\_\_\_\_

27. Did this operation perform on-farm antibiotic residue testing of milk during 2013?..... <sub>1</sub> Yes <sub>3</sub> No

**[If Question 27 = No, SKIP to Question 30.]**

28. Which test was most commonly used on this operation to screen for antibiotic residues in milk? (Check one only.)

- <sub>1</sub> Snap® kit (beta lactam or tetracycline)
- <sub>2</sub> Delvotest®
- <sub>3</sub> CITE Probe®
- <sub>4</sub> Charm Farm
- <sub>5</sub> Penzyme® Milk Test
- <sub>6</sub> Other (specify: \_\_\_\_\_) V350OTH

V350

29. Were milk samples evaluated for antibiotic residues from:

- a. Fresh cows?..... V351 <sub>1</sub> Yes <sub>3</sub> No
- b. Individual cows recently treated with antibiotics? ..... V352 <sub>1</sub> Yes <sub>3</sub> No
- c. Bulk tank prior to processor pickup?..... V353 <sub>1</sub> Yes <sub>3</sub> No
- d. Other? (specify: \_\_\_\_\_) V354OTH..... V354 <sub>1</sub> Yes <sub>3</sub> No

30. Which of the following describes this operation's typical dry-off procedures:

- a. Stop milking based on set schedule (e.g., so many days prior to calving) regardless of milk production ..... <sub>1</sub> Yes <sub>3</sub> No
- b. Stop milking based on minimum milk production level?..... <sub>1</sub> Yes <sub>3</sub> No

31. Which of the following dry off methods did this operation use during 2013?

- a. Abruptly stop milking
- b. Skip milkings prior to complete dry off (e.g., milk once a day for a number of days)
- c. Other (specify: \_\_\_\_\_)

32. Which of the following management practices did this operation use at dry off in 2013?

- a. Perform CMT test..... V351 <sub>1</sub> Yes <sub>3</sub> No
- b. Reduce the quality of feed..... V351 <sub>1</sub> Yes <sub>3</sub> No
- c. Restrict access to feed..... V352 <sub>1</sub> Yes <sub>3</sub> No  
If Yes, how long were cows generally without feed at dry off..... \_\_\_\_\_ hr
- d. Restrict access to water..... V353 <sub>1</sub> Yes <sub>3</sub> No  
If Yes, how long were cows generally without water at dry off..... \_\_\_\_\_ hr

33. Please complete the following table based on procedures used at the time of drying off:

	<b>IMM antibiotics</b>	<b>Internal teat sealant</b>	<b>External teat sealant</b>
<b>Dry cow treatments</b>	<input type="checkbox"/> Not used on any cows on this operation	<input type="checkbox"/> Not used on any cows on this operation	<input type="checkbox"/> Not used on any cows on this operation
Used on all cows	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
Use based on SCC	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
Use based on history of mastitis (clinical/chronic)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
Use based on milk production	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
Used on all cows but only during adverse weather	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
All cows seasonally	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No

34. During 2013, approximately what percentage of cows were treated with **dry cow** intramammary antibiotics at drying off?.....V357 \_\_\_\_\_ %

**[If Question 34 = 0, SKIP to Section D.]**

35. Was it standard procedure to clean teats with alcohol pads prior to administering antibiotics..... V351 <sub>1</sub> Yes <sub>3</sub> No

36. Of those cows treated during 2013 with **dry cow** intramammary antibiotics, what percentage were given the following antibiotics? (See attached VS Initial Visit Reference Card.)

- a. Spectramast DC (Ceftiofur hydrochloride).....V358 \_\_\_\_\_ %
  - b. Cefa-Dri®/Tomorrow (Cephapirin benzathine).....V359 \_\_\_\_\_ %
  - c. Boviclox; Dry-Clox®; Dry-Clox® Intramammary Infusion; Orbenin-DC® (Cloxacillin benzathine)..... V360 \_\_\_\_\_ %
  - d. Gallimycin®-Dry (Erythromycin).....V361 \_\_\_\_\_ %
  - e. Biodry® (Novobiocin).....V362 \_\_\_\_\_ %
  - f. Hanford's/US Vet Go Dry (Penicillin G procaine).....V363 \_\_\_\_\_ %
  - g. Quartermaster® Dry Cow Treatment (Penicillin G procaine/Dihydrostreptomycin).....V364 \_\_\_\_\_ %
  - h. Albadry® Plus Suspension (Penicillin G procaine/ Novobiocin).....V365 \_\_\_\_\_ %
  - i. Other (specify: \_\_\_\_\_)V366OTH.....V366 \_\_\_\_\_ %
- Total (should equal 100%) 100%

37. During 2013, what was the average cost per cow of intramammary antibiotics used at dryoff? \$ \_\_\_\_\_





12. Which of the following best describes who performed the majority of pregnancy exams on this operation during 2013? (Check one only.)
- <sub>1</sub> Private veterinarian
  - <sub>2</sub> Veterinary technician
  - <sub>3</sub> Employee—veterinarian
  - <sub>4</sub> Employee—nonveterinarian
  - <sub>5</sub> Owner/operator
  - <sub>6</sub> Other (specify: \_\_\_\_\_)S044OTH
13. How many days postbreeding was the pregnancy diagnosis usually made during 2013?..... S045 \_\_\_\_\_ days
14. During 2013, was pregnancy status routinely determined on this operation using:
- a. Rectal palpation?..... S046 <sub>1</sub> Yes <sub>3</sub> No
  - b. Ultrasound?..... S047 <sub>1</sub> Yes <sub>3</sub> No
  - c. Blood test?..... S048 <sub>1</sub> Yes <sub>3</sub> No
  - d. Milk progesterone?..... S049 <sub>1</sub> Yes <sub>3</sub> No
  - e. Other? (specify: \_\_\_\_\_)S050OTH..... S050 <sub>1</sub> Yes <sub>3</sub> No
- [If Question 14b = No, SKIP to Section E.]**
15. In what year was routine ultrasound diagnosis of pregnancy first performed on this operation?..... S051 \_\_\_\_\_ year
16. Who owned the ultrasound equipment used for the majority of pregnancy diagnoses during 2013? (Check one only.)
- <sub>1</sub> Veterinarian
  - <sub>2</sub> Dairy operation
  - <sub>3</sub> Other (specify: \_\_\_\_\_)S052OTH
17. In addition to pregnancy diagnosis, which of the following information was collected/evaluated during ultrasound exams during 2013?
- a. Twin pregnancies..... S053 <sub>1</sub> Yes <sub>3</sub> No
  - b. Assessment of fetal viability..... S054 <sub>1</sub> Yes <sub>3</sub> No
  - c. Noncycling (no heat) cows..... S055 <sub>1</sub> Yes <sub>3</sub> No
  - d. Ovarian cysts..... S056 <sub>1</sub> Yes <sub>3</sub> No
  - e. Fetal sexing..... S057 <sub>1</sub> Yes <sub>3</sub> No
  - f. Other (specify: \_\_\_\_\_)S058OTH..... S058 <sub>1</sub> Yes <sub>3</sub> No

**Section E— Surgical Procedures Questions**  
(dehorning, extra teat removal, tail docking, castration)

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1. During 2013, were heifer calves routinely dehorned while on this operation?.....S138 <sub>1</sub> Yes <sub>3</sub> No

**[If Question 1 = No, SKIP to Question 5.]**

2. During 2013, what percentage of heifer calves were dehorned by the following methods? What was the average age of calves (in **weeks**) and were analgesics or anesthetics used?

	S	% heifer calves	Age average (weeks)	Analgesics/ anesthetics
a. Hot iron (Buddex, electric, Portasol).....	S139/145/150	_____	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
b. Caustic paste.....	S140/146/151	_____	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
c. Tube, spoon, or gouge.....	S141/147/152	_____	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
d. Saws, wire, or Barnes.....	S142/148/153	_____	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
e. Other (specify: _____).....	S143/149/154	_____	_____	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
Total (should be ≤100%).....	S144	_____		

3. Was surgical dehorning equipment that causes bleeding chemically disinfected between **each** animal?.....S155 <sub>1</sub> Yes <sub>2</sub> NA <sub>3</sub> No

4. Who dehorned the majority of heifer calves on this operation during 2013? (Check one only.)

- <sub>1</sub> Owner/operator  
<sub>2</sub> Employee  
<sub>3</sub> Veterinarian  
<sub>4</sub> Other (specify: \_\_\_\_\_)S156OTH

5. Did this operation use polled bulls (either AI or natural service) during 2013?.....S157 <sub>1</sub> Yes <sub>3</sub> No

6. During 2013, were extra teats routinely removed from heifer calves?.....S157 <sub>1</sub> Yes <sub>3</sub> No

**[If Question 6 = No, SKIP to Question 9.]**

7. In general, at what age (in **weeks**) were extra teats removed?.....S158 \_\_\_\_\_ weeks

8. When extra teats were removed, were analgesics or anesthesia routinely used?.....S159 <sub>1</sub> Yes <sub>3</sub> No

9. What percentage of dairy cows on this operation have docked tails?.....S160 \_\_\_\_\_ %

**[If Question 9 = 0, SKIP to Question 13.]**



10. What procedure was most commonly used to dock tails?. (Check one only.)
- <sub>1</sub> Band
  - <sub>2</sub> Surgical removal with blades or shears
  - <sub>4</sub> Other (specify: \_\_\_\_\_)S161OTH
  - <sub>5</sub> Unknown procedure—purchased with tails already docked
11. How old were the majority of animals when tails were docked?(Check one only.)
- <sub>1</sub> Less than 2 months
  - <sub>2</sub> 2 months to less than 6 months
  - <sub>3</sub> 6 months to less than 2 years
  - <sub>4</sub> 2 years or older
  - <sub>5</sub> Unknown
12. When tails were docked, were analgesics or anesthesia routinely used?.....S163      <sub>1</sub> Yes    <sub>2</sub> Don't Know    <sub>3</sub> No
13. During 2013, were bull calves routinely castrated while on this operation?.....S164      <sub>1</sub> Yes    <sub>3</sub> No

**[If Question 13 = No, SKIP to Section F.]**

14. What method was most commonly used to castrate bull calves? (Check one only.)
- <sub>1</sub> Burdizzo (crushes cord/bloodless)
  - <sub>2</sub> Knife
  - <sub>3</sub> Band
  - <sub>4</sub> Other (specify: \_\_\_\_\_)S165OTH
15. At what age (in **weeks**) were bull calves routinely castrated?.....S166      \_\_\_\_\_ weeks
16. When calves were castrated, were analgesics or anesthesia routinely used?.....S167      <sub>1</sub> Yes    <sub>3</sub> No

**Section F—Hoof Health**

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1. During 2013, how many cases of lameness (gait abnormality) occurred on this operation in:
- a. Bred heifers? (Enter NA if bred heifers are not housed on this operation.).....S168      \_\_\_\_\_ #
  - b. Cows?.....S169      \_\_\_\_\_ #
2. Of the cases of lameness in bred heifers and cows from the previous question, what number of cases were due to digital dermatitis (hairy-heel warts)?
- a. Bred heifers (Enter NA if bred heifers are not housed on this operation.).....S170      \_\_\_\_\_ #
  - b. Cows.....S171      \_\_\_\_\_ #

3. Which of the following **best** describes the use of a footbath for cows during 2013? (*Check one only.*)

- <sub>1</sub> Footbath used throughout the year
- <sub>2</sub> Footbath used seasonally/occasionally
- <sub>3</sub> No footbath used
- <sub>4</sub> Other (specify: \_\_\_\_\_)S172OTH

**[If Question 3 = 3, SKIP to Question 6.]**

4. Which of the following footbath medications was most commonly used? (*Check one only.*)

- <sub>1</sub> Copper sulfate
- <sub>2</sub> Formalin/formaldehyde
- <sub>3</sub> Oxytetracycline
- <sub>4</sub> Hydrogen peroxide
- <sub>5</sub> Other (list active ingredient: \_\_\_\_\_)S173OTH

5. How frequently were footbaths cleaned during 2013? **How many times per month??**

- <sub>1</sub> Daily or more frequently
- <sub>2</sub> Weekly
- <sub>3</sub> Monthly
- <sub>4</sub> Other (specify: \_\_\_\_\_)S173OTH

6. What percentage of cows had their hooves trimmed at least once in 2013?S174 \_\_\_\_\_ %

**[If Question 6 = 0, SKIP to Question 9.]**

7. Which of the following describes who trimmed the **majority** of the hooves during 2013? (*Check one only.*)

- <sub>1</sub> Professional hoof trimmer (not this operation's personnel)
- <sub>2</sub> Veterinarian (not this operation's personnel)
- <sub>3</sub> Owner or this operation's personnel
- <sub>4</sub> Other (specify: \_\_\_\_\_)S175OTH

8. During 2013, how many visits, for the purpose of trimming hooves (as part of a routine trimming program) or for evaluation of lame cows, were made by:

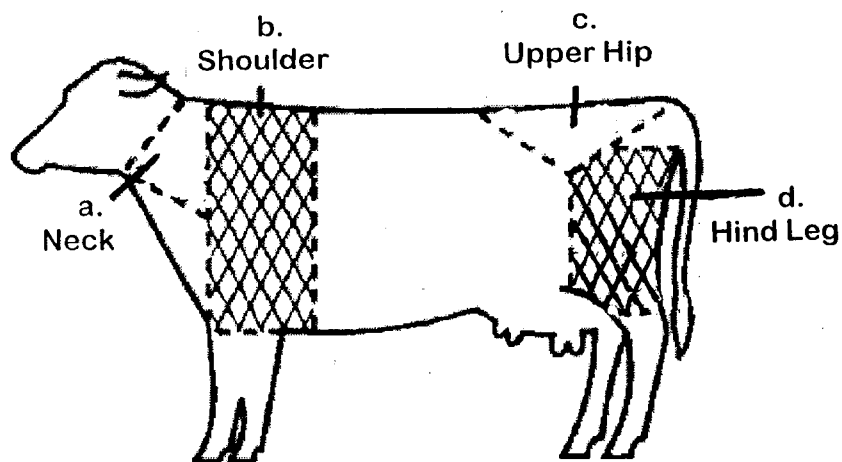
- a. A professional hoof trimmer?..... S176 \_\_\_\_\_ #
- b. A veterinarian?..... S177 \_\_\_\_\_ #
- c. Other? (specify: \_\_\_\_\_)S178OTH..... S178 \_\_\_\_\_ #

9. Which of the following were responsible for identifying lame cows during 2013?
- |                                |      |   |  |
|--------------------------------|------|---|--|
| a. All employees.....          | S159 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| a. Owner .....                 | S159 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| b. Herdsperson.....            | S159 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| c. Milkers .....               | S159 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| d. Breeder.....                | S159 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
| e. Other (specify: _____)..... | S159 | <input type="checkbox"/> <sub>1</sub> Yes | <input type="checkbox"/> <sub>3</sub> No |
10. How soon after being identified did lame cows generally receive treatment? (*Check one only.*)
- <sub>1</sub> The same day
- <sub>2</sub> Within a day
- <sub>3</sub> Within a week
- <sub>4</sub> Within a month

### Section G—Treatment Practices

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1. How many injections of any kind did a dairy cow typically receive in the last 12 months?..... S190 \_\_\_\_\_ #
2. Of **all** injections administered on this operation, what percentage were:
- |                                    |      |         |
|------------------------------------|------|---------|
| a. Intramuscular (IM)?.....        | S192 | _____ % |
| b. Subcutaneous (SQ)?.....         | S193 | _____ % |
| c. Intravenous (IV)?.....          | S194 | _____ % |
| Total ( <i>should equal 100%</i> ) |      | 100%    |



3. What percentage of the intramuscular (IM) injections were administered for each of the following purposes and in what location were they administered?

		<b>Primary location code</b>
a. Antibiotic injection..... S195	_____ %	_____
b. Production enhancement (e.g., oxytocin)..... S196	_____ %	_____
c. Reproductive injection..... S197	_____ %	_____
d. Vaccination..... S198	_____ %	_____
e. Other..... S199	_____ %	_____
Total (should equal 100%).....	100%	

4. Which of the following cattle-handling facilities were primarily used for each type of injection for both heifers and cows?

- 1 = Stanchion/tie stall
- 2 = Lock-ups
- 3 = Chute/head gate
- 4 = Loose in freestalls
- 5 = Palpation rail
- 6 = Parlor
- 7 = NA

	<b>Heifers</b>	<b>Cows</b>
a. IM..... S225/228	_____ code	_____ code
b. SQ..... S226/229	_____ code	_____ code
c. IV..... S227/230	_____ code	_____ code

5. When **farm personnel** administered injections during 2013, how many injections were **usually** given before changing needles? *(Check one only.)*
- <sub>1</sub> New needle for every injection
  - <sub>2</sub> 2 to 10 injections per needle
  - <sub>3</sub> 11 to 20 injections per needle
  - <sub>4</sub> 21 to 30 injections per needle
  - <sub>5</sub> More than 30 injections per needle

## Section H—Health, Deaths and Permanent Removals

1. During 2013, how many dairy cows were permanently removed, excluding deaths, from the herd?..... \_\_\_\_\_ #

**[If Question 1 = 0, SKIP to Question 5.]**

2. Of the (Question 1) cows that were permanently removed, what percentage were sent to the following and what was the average price received per head?

	Percent	AND	Price per head
a. Directly to another dairy.....	_____		_____
b. To a market, auction, or stockyard.....	_____		_____
c. Directly to a packer or slaughter plant.....	_____		_____
d. Elsewhere (specify: _____).....	_____		_____
Total.....	100%		

3. Of the (Question 1) cows permanently removed during 2013, what percentage were:

a. Less than 50 days in milk (early lactation)?.....	_____	%
b. 50 to 199 days in milk (mid lactation)?.....	_____	%
c. 200 days or more in milk (late lactation)?.....	_____	%
d. Dry cows?.....	_____	%
Total.....		100%

4. Of the (Question 1) cows permanently removed during 2013, what percentage were:

a. First lactation?.....	_____	%
b. 2 to 4 lactations?.....	_____	%
c. 5 lactations or more?.....	_____	%
Total.....		100%

5. During 2013, how many dairy cows were euthanized?..... \_\_\_\_\_ head

6. During 2013, how many dairy cows died (were not euthanized)?..... \_\_\_\_\_ head

7. Then the total number of dairy cow deaths during 2013 was?..... \_\_\_\_\_ head

8. During 2013, what percentage of dairy cows that died were necropsied to determine the cause of death?..... \_\_\_\_\_ %

**The following questions are used to determine the number of cases of diseases on your operation in 2013, how many of those cases were removed from your herd (excluding deaths), and how many died. If no animals were affected with the disease or disorder, move to the next row. If any cows experienced the disease or disorder during 2013, please record the number affected, the number removed, and the number that died.**

9. During 2013, how many dairy cows were affected with, removed, and died from the following:

Health condition	Affected?	# head	Removed? (# head)	Died? (# head)
a. Cancer eye?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
b. Clinical mastitis?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
c. Digestive:				
i. Bloat?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
ii. Bloody gut (HBS)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
iii. Diarrhead greater than 40 hr (Johne's disease)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
iv. DA (displaced abomasum)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
v. Indigestion/diarrhea less than 48 hr?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
vi. Other digestive?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
d. Downers (nonambulatory)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
e. Injuries (secondary to slip/fall)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
f. Lameness?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
g. Lymphoma (bovine leucosis virus)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
h. Metabolic:				
i. Ketosis?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
ii. Milk fever (hypocalcemia)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
iii. Other metabolic?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
i. Respiratory?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
j. Reproductive:				
i. Dystocia (calving problems)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
Of the dystocia cases, were any Cesarean section?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
ii. Infertility?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
iii. Metritis?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
iv. Retained placenta?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
v. Other reproductive?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
k. Other?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No			
l. Aggressive/kickers?				
m. Poor production?				
n. Sold as dairy replacements?				
o. Other known reasons?				
p. Unknown reasons?				
<b>Total</b> (should match Question 1 [removals] and Question 7 [deaths])				

**Preweaned heifers.....**

10. During 2013, how many dairy heifers were euthanized?..... \_\_\_\_\_
11. During 2013, how many dairy heifers died (were not euthanized)?..... \_\_\_\_\_
12. Then the total number of dairy heifers deaths during 2013 was? \_\_\_\_\_

**[If Question 12 = 0 for both columns, SKIP to Section I.]**

13. During 2013, what percentage of dairy heifers that died were necropsied to determine the cause of death?..... \_\_\_\_\_ %

14. How many dairy heifers died or were euthanized due to the following:

	<b>Preweaned dairy heifers</b>	<b>Weaned dairy heifers that had not calved</b>
a. Scours, diarrhea, or other digestive problems?.....	_____	_____
b. Respiratory problems?.....	_____	_____
c. Lameness?.....	_____	_____
d. Injury?.....	_____	_____
e. Calving problems?.....	_____	_____
f. Joint or navel problems?.....	_____	_____
g. Other known reasons? (specify: _____).....	_____	_____
h. Unknown reasons?.....	_____	_____
i. Total (should equal Question 12 for each type of heifer)....	_____	_____

15. During 2013, which one of the following was the primary method of disposal for dead heifers and cows? (Enter one code for each cattle type.)

<b>Method of disposal</b>	
1 = Bury	5 = Landfill
2 = Burn/incinerate	6 = Left for wildlife
3 = Render	7 = Other (specify: _____ )
4 = Compost	

- a. Preweaned heifers..... \_\_\_\_\_ code
- b. Weaned heiferws..... \_\_\_\_\_ code
- c. Cows..... \_\_\_\_\_ code



## Section I—Antibiotic Use and Residue Avoidance

1. During 2013, did this operation use medications in feed or water for any weaned or pregnant dairy heifers to prevent disease or promote growth? <sub>1</sub> Yes—Continue   <sub>3</sub> No—Go to Question 3
2. During 2013, what percentage of weaned heifers and pregnant heifers received the following medications?

	<b>Weaned heifers</b>	<b>Pregnant heifers</b>
	No weaned heifers on farm during 2013? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No	No pregnant heifers on farm during 2013? <input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>3</sub> No
	<input type="checkbox"/> <sub>1</sub> No medications administered	<input type="checkbox"/> <sub>1</sub> No medications administered
<b>Medication</b>		
a. Rumensin <sup>®</sup> , Bovatec <sup>®</sup> , Cattlyst <sup>®</sup> (ionophores)	%	%
b. Corid <sup>®</sup> , Deccox <sup>®</sup> (coccidiostats)	%	%
c. Aureomycin <sup>®</sup> (chlortetracycline compounds)	%	%
d. Neo-Terramycin <sup>®</sup> 100/100 (neomycin-oxytetracycline)	%	%
e. Neomycin sulfate	%	%
f. OTC 4 Crumbles <sup>®</sup> , Terramycin <sup>®</sup> 200 (oxytetracycline compounds)	%	%
g. Aureo S 700 <sup>®</sup> 2G Crumbles (aureomycin and sulfamethazine)	%	%
h. Sulfamethazine	%	%
i. Other (specify: Weaned _____ ) Pregnant _____ )	%	%

3. Complete the table below on antibiotics used during 2013 to treat **diseases** or **disorders**

in all cows. (This does NOT apply to dry cow treatments and to preventive treatments.)

(See attached VS Initial Visit Reference Card.)

If antibiotic is not listed, please write in name and active ingredient.

	Disease or disorder	Number of affected animals in the last 12 months	Number of affected animals treated with ANTIBIOTICS	Primary ANTIBIOTIC used (Enter one code from attached list.)	Secondary ANTIBIOTIC used (Enter one code from attached list.)	Tertiary ANTIBIOTIC used (Enter one code from attached list.)
<b>All cows</b>	Respiratory	V386	V399			V412
	Diarrhea or other digestive	V387	V400			V413
	Reproductive	V388	V401			V414
	Mastitis	V389	V402			V415
	Lameness	V390	V403			V416
	Other (specify) V391OTH	V391	V404			V417

26. Of lactating cows treated for disease during 2013 with antibiotics, were treatments based primarily on: (Enter one code for each cattle type.)

**Antibiotic treatments based on...**

1 = Veterinary recommendation  
 2 = Historical effectiveness  
 3 = Historical culture and antimicrobial sensitivity results  
 4 = Individual cow culture results prior to therapy  
 5 = Other (specify: \_\_\_\_\_)

Disease or disorder	Antibiotic treatments primarily based upon (code)
Respiratory	V386
Diarrhea or other digestive	V387
Reproductive	V388
Mastitis	V389
Lameness	V390

9. How did you determine which drug to select for treatment of cattle during 2013?

- a. Consulting with your veterinarian.....S159 <sub>1</sub> Yes <sub>3</sub> No
- b. Utilizing a protocol provided by a veterinarian.....S159 <sub>1</sub> Yes <sub>3</sub> No
- c. Reviewing the drug label.....S159 <sub>1</sub> Yes <sub>3</sub> No
- d. Reviewing Promotional materials and Advertisements from drug companiesS159 <sub>1</sub> Yes <sub>3</sub> No
- e. Breeder.....S159 <sub>1</sub> Yes <sub>3</sub> No
- f. Other (specify: \_\_\_\_\_).....S159 <sub>1</sub> Yes <sub>3</sub> No

10. How do you determine which drug to select for treatment of cattle?

- a. Consulting with your veterinarian..... <sub>1</sub> Yes <sub>3</sub> No

- b. Utilizing a protocol provided by a veterinarian..... <sub>1</sub> Yes <sub>3</sub> No
- c. Reviewing promotional materials and advertisements from drug companies... <sub>1</sub> Yes <sub>3</sub> No
- d. Searching the Internet (e.g., drug company Web sites, producer blogs, etc.)... <sub>1</sub> Yes <sub>3</sub> No
- e. Consulting drug company representatives..... <sub>1</sub> Yes <sub>3</sub> No
- f. Friend/other producers..... <sub>1</sub> Yes <sub>3</sub> No
- g. State/county services/extension agent..... <sub>1</sub> Yes <sub>3</sub> No
- h. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

11. How do you determine the withdrawal time of a drug?

- a. Consulting with your veterinarian..... <sub>1</sub> Yes <sub>3</sub> No
- b. Utilizing a protocol provided by a veterinarian..... <sub>1</sub> Yes <sub>3</sub> No
- c. Reviewing the drug label..... <sub>1</sub> Yes <sub>3</sub> No
- d. Reviewing the FARAD Web site (Food Animal Residue Avoidance databank)..... <sub>1</sub> Yes <sub>3</sub> No
- e. Reviewing promotional materials and advertisements from drug companies..... <sub>1</sub> Yes <sub>3</sub> No
- f. Searching the Internet (e.g., drug company Web sites, producer blogs, etc.)... <sub>1</sub> Yes <sub>3</sub> No
- g. Consulting drug company representatives..... <sub>1</sub> Yes <sub>3</sub> No
- h. Friend/other producers..... <sub>1</sub> Yes <sub>3</sub> No
- i. State/county services/extension agent..... <sub>1</sub> Yes <sub>3</sub> No
- j. Other (specify: \_\_\_\_\_)..... <sub>1</sub> Yes <sub>3</sub> No

12. Does this operation keep a written or computerized record for **each** cow that received a treatment that requires a withdrawal time before the cow can be sent to market?.....

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- <sub>1</sub> Yes <sub>3</sub> No

**Office Use Only**

State FIPS: _____ 2-digits	Operation #: _____ 5-digits	Interviewer: _____ Initials	Date: ____ / ____ / ____ (mm/dd/yy)
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1. Total time for interview [include time to discuss the program and complete the questionnaire]..... \_\_\_\_\_ min
2. Total travel time [round trip]..... \_\_\_\_\_ min
3. Data collector(s): [Enter the number for each category.]  
 \_\_\_\_ Federal VMO    \_\_\_\_ Federal AHT    \_\_\_\_ State personnel    \_\_\_\_ Other (specify)
4. Enter response code 99 if questionnaire is completed or enter one code of 0 through 7 that best describes the reason why the owner is not participating..... \_\_\_\_\_ code

- 99 - Survey completed
- 00 - Producer not contacted by VMO
- 01 - Poor time of year to contact 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 dairy cows)
- 07 - Other reason (explain below)

5. Producer data quality..... <sub>1</sub> Good to excellent    <sub>2</sub> OK    <sub>3</sub> Poor
6. Field data quality..... <sub>1</sub> Good to excellent    <sub>2</sub> OK    <sub>3</sub> Poor
7. Which of the following best describes the respondent's position with this operation?..... \_\_\_\_\_ code    VPOS

- 1 = Owner
- 2 = Manager
- 3 = Family member (other than owner or manager)
- 4 = Other hired employee
- 5 = Other (specify: \_\_\_\_\_) VPOSOTH

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