



Animal and Plant Health Inspection Service

Veterinary Services

# NAHMS Beef 2017

## FORAGE COLLECTION Clinical Evaluation Record

National Animal Health Monitoring System

2150 Centre Ave, Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number: 0579-0326  
Expires: xxxx

State: \_\_\_\_\_ Operation #: \_\_\_\_\_ Collector name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

The Producer should select the type of hay to be tested. NAHMS is only offering testing of baled hay, not haylage or silage. The forage the cow herd is currently being fed is preferred. The selected forage should be from the same field and cutting number (e.g., second cutting from a specific field—this will be referred to as a "lot"). Multiple bales will be sampled from the same lot, and at least 20 cores will be collected.

**Provide a complete description of the forage type in 1.a below and provide the information necessary to complete 1.c and 1.d below. [Data collector: Complete item 1.b by using the forage table provided to you to categorize the information in 1.a into one of the available categories.]**

1. a. Describe the predominate forage type submitted: \_\_\_\_\_  
 b. Forage type from table: \_\_\_\_\_  
 c. Cutting number where applicable: \_\_\_\_\_  
 d. Year and month when harvested \_\_\_\_/\_\_\_\_ (mm/yyyy)
2. Was this forage purchased or raised on this operation? ..... 1 Purchased 3 Raised
3. Bale type  
1 Small square  
2 Large square ..... Estimate weight: \_\_\_\_\_ (pounds)  
 Estimate size (inches): \_\_\_\_\_ (length) x \_\_\_\_\_ (width) x \_\_\_\_\_ (height)  
3 Round bale  
 Estimate weight: \_\_\_\_\_ (pounds)  
 Estimate size (inches): \_\_\_\_\_ (diameter) x \_\_\_\_\_ (width)
4. Storage  
1 Uncovered/unprotected  
2 Plastic bonnet  
3 Plastic sleeve  
4 Plastic bag  
5 In stack under tarp  
6 In barn or shed  
7 Other (specify: \_\_\_\_\_)

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 0579-0326. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**NAHMS-406  
AUG 2017**

**Data Collector:**

SEND YELLOW COPY of the Clinical Evaluation Record along with the forage sample to the DAIRY ONE lab in Ithaca, NY.

SEND WHITE COPY of the Clinical Evaluation Record and the Biologic Agreement to your NAHMS Coordinator. Also, fill out the information below indicating where NAHMS should send the forage results after they are received from the lab and give this page to your NAHMS Coordinator. Make sure you get the producer's mailing address, so you can send him/her the results when you receive them.

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State: \_\_\_\_\_ Operation #: \_\_\_\_\_ Sample #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send results to:

VMO name: \_\_\_\_\_ Phone: \_\_\_\_\_

VMO address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip code: \_\_\_\_\_