



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# Beef Cow-Calf 2017 Fecal Collection Record

National Animal Health  
Monitoring System

2150 Centre Ave, Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number 0579-0326  
Expires:

NAHMS ID: (6 digits)	# of people involved:	Primary collector name and phone:	Date: (mm/dd/yy)	Place label here:
	<input type="checkbox"/> Fed VMO <input type="checkbox"/> Fed AHT <input type="checkbox"/> State VMO <input type="checkbox"/> State AHT <input type="checkbox"/> Producer <input type="checkbox"/> Others—specify:	- - - - -		

Cow Samples	Check the appropriate area for the sample					
Area	Sample 1	Sample 2	Sample 3	Sample 4	Sample 5	Sample 6
Area near water source						
Area near feeding grounds						
Alleyway leading to pasture/field						
Outside calving pen (pen for cows due to calve soon; may contain recently calved cows.)						
Calving barn (indoor area for cows due to calve soon; may contain recently calved cows)						
Open field or pasture						
Pen with dirt or concrete floor						
Other—specify:						

Calf Samples (if collected)	Check the appropriate area for the sample					
Area	Sample 1	Sample 2	Sample 3	Sample 4	Sample 5	Sample 6
Area near water source						
Area near feeding grounds						
Alleyway leading to pasture/field						
Outside calving pen (pen for cows due to calve soon; may contain newborn calves)						
Calving barn (indoor area for cows due to calve soon; may contain newborn calves)						
Outdoor creep pen (an outdoor area where only calves can access)						
Indoor creep (an indoor area where only calves can access)						
Other—specify:						

**Do not freeze samples.**

**SEND YELLOW COPY OF THIS PAGE along with the samples within 24 hours of collection to the Kim Cook lab at ARS in Athens, GA.**

**SEND WHITE COPY OF THIS PAGE and the Biologic Agreement to your NAHMS Coordinator.**

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 0.5 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-404  
AUG 2017**



Animal and  
Plant Health  
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# Beef Cow-calf 2017 Fecal Supplemental Collection Record

National Animal Health  
Monitoring System

2150 Centre Ave, Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number: 0579-0326  
Expires:

NAHMS ID: (6 digits)	# of people involved:	Primary collector name and phone:	Date: (mm/dd/yy)	Place label here:
	___ Fed VMO    ___ Fed AHT ___ State VMO    ___ State AHT ___ Producer ___ Others—specify:	_____ -    -    -		

**INSTRUCTIONS:**

Obtain the following information as instructed. Send this Collection Record to your NAHMS Coordinator.  
**Do NOT send this Collection Record to the ARS lab along with the fecal samples.**

Question	Response
Date when calving began in most current calving season. If no distinct calving season, put "NO SEASON" in column.	date
Number of beef calves born from January 1, 2018, through the date of sample collection. If no calves born yet this season, put "NONE" in column.	head
Since January 1, 2018, what has been the average stocking rate of cow-calf pairs on pasture or on fields with a forage source? <i>[Check one only.]</i>	<input type="checkbox"/> Drylot operation—no pasture access <input type="checkbox"/> Less than 1 acre/cow-calf pair <input type="checkbox"/> 1 to less than 3 acres/cow-calf pair <input type="checkbox"/> 3 to less than 6 acres/cow-calf pair <input type="checkbox"/> 6 to less than 15 acres/cow-calf pair <input type="checkbox"/> 15 or more acres/cow-calf pair
What is the average cow weight (exclude heifers)?	lb
Since January 1, 2018, how many new additions (e.g., purchased cattle) have been added to pens containing cow-calf pairs or cows due to calve?	head
Number of cows that died since January 1, 2018	head
Number of calves that died since January 1, 2018	head

Ingredients fed in last 7 days	Specify if fed and other information as requested
Alfalfa, hay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grass hay (good or acceptable quality)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grass hay (mature or poor quality)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Straw	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corn stalks (baled)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Crop residue (foraging in field)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Corn (shelled or ground ear corn)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other grain (specify in column)	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify(_____)
Corn silage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other silage (specify in column)	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify(_____)
Protein supplement type (specify primary protein supplement type in column e.g., soybean meal) and crude percent protein in column	<input type="checkbox"/> Yes <input type="checkbox"/> No Type_____ % protein_____
Other roughage (specify in column)	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
Other ingredients (specify in column)	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:
	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:

Were any antimicrobials given in feed for cows or calves in the last 3 weeks (includes antibiotics such as chlortetracycline given in mineral blocks, or loose mineral)? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Yes, COMPLETE the table below.]**

Antimicrobials in feed, mineral block, or loose mineral in last 3 weeks	Cows		Calves (e.g., in creep feed)	
	Date first offered	Date last offered*	Date first offered	Date last offered*
Chlortetracycline (Aureomycin®, CTC, Pennchlor™)				
Chlortetracycline with sulfamethazine ( Aureo S 700®, AS700, Aureomix S 700)				
Decoquinat (Deccox™)				
Laidlomycin (Cattlyst®)				
Lasalocid (Bovatec™)				
Monensin (Rumensin®)				
Neomycin (Neomix®)				
Neomycin with oxytetracycline (Neo-Terramycin®)				
Oxytetracycline (OTC, Terramycin®)				
Tilmicosin (Pulmotil®, Tilmovet®)				
Bacitracin (BMD®)				
Bambermycin (Gainpro™)				
Tylosin (Tylan®)				
Virginiamycin (V-Max®)				
Other (specify: _____)				

\*If still feeding, enter today's date.

Were any antimicrobials given in water to cows or calves in the last 3 weeks? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Yes, COMPLETE the table below.]**

Antimicrobials given in water in last 3 weeks	Cows		Calves	
	Date first offered	Date last offered*	Date first offered	Date last offered*
ENTER DATES				
Chlortetracycline (Aureomycyn, Chloronex, Chlortet-Soluble-O, CTC, Pennchlor)				
Oxytetracycline (Terramycin soluble powder, Oxy-Sol, Oxytet 343, Pennox 343, Tetroxy 343)				
Tetracycline (Duramycin 10, Tetramycin, Tetramed 324, Tet-Sol 324)				
Neomycin (Neosol, NeoMed)				
Spectinomycin (Spectam, SpectoGard)				
Sulfadimethoxine (Sulfadimethoxine 12.5% oral solution, Sulforal, Sulfasol, Di-Methox 12.5%)				
Sulfamethazine (SMZ-Med 454 soluble powder, Sulfa, Sulmet solution, Sulmet soluble powder)				
Other (specify: _____)				

\*If still adding to cattle water, enter today's date.

Were any antimicrobials given by injection  
or bolus to cows or calves in the last 3 weeks? ..... <sub>1</sub> Yes <sub>3</sub> No

**[If Yes, COMPLETE the table below.]**

Antimicrobials given by injection or bolus in last 3 weeks	Cows		Calves	
	Number treated	Date last treated	Number treated	Date last treated
<b>Injections</b>				
Tilmicosin (Micotil®)				
Florfenicol (Nuflor®, Norfenicol®)				
Florfenicol with flunixin meglumine (Resflor Gold®)				
Ceftiofur (Naxcel®, Excenel®, Excede®)				
Oxytetracycline (Oxy-Tet100™, LA200®, Biomylin®, Tetradure™ 300, Noromycin® 300, 300 Pro LA®)				
Penicillin (Aquacillin, Norocillin®)				
Amoxicillin (Amoxi-Inject®)				
Ampicillin (Polyflex®)				
Tulathromycin (Draxxin®)				
Gamithromycin (Zactran®)				
Tildipirosin (Zuprevo™)				
Enrofloxacin (Baytril® 100, Enroflox® 100)				
Danofloxacin (Advocin™)				
Other (specify _____)				
<b>Bolus or tablet</b>				
Oxytetracycline (Terramycin® Scour Tablets)				
Trimethoprim/sulfamethoxazole (SMZ/TMP tablets, Bactrim® tablets, Tribriksen® tablets)				
Sulfadimethoxine (Agribon Bolus, Albon® Bolus, Albon® S.R.)				
Sulfamethazine (Sulmet® Oblets, Sustain III® Bolus, SulfaSURE™ SR Bolus, Sulka-S™ Bolus)				
Other (specify _____)				

Total time to collect the data and to collect/prepare the samples for shipping.  
 If more than one collector present, enter the combined time.  
 Do not include producer or other operation help. .... FECTIME \_\_\_\_\_ hours

Total travel time (round trip).  
 If more than one data collector present, enter the combined time. .... FECTIME \_\_\_\_\_ hours

Collector(s): [Enter the number for each category.] FECVMO/FECAHT/FECST/FECPROD/FOTH  
 \_\_\_ Federal VMO    \_\_\_ Federal AHT    \_\_\_ State personnel  
 \_\_\_ Producer or other operation help    \_\_\_ Other (specify: \_\_\_\_\_)

**Send this Supplemental Collection Record to your NAHMS Coordinator.**